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CAMBRIDGESHIRE
EDUCATION COMMITTEE

ANNUAL REPORT

of the

Principal School Medical Officer

For the Year 1962

P. A. TYSER
M.D., D.P.H.

SHIRE HALL,
CAMBRIDGE.
Cambridge 58811

COUNTY OF CAMBRIDGE

With the Compliments of
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& Principal School Medical Officer

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To the Chairman and Members of the Education Committee.

Ladies and Gentlemen,

Three environments affect our lives, that of the home, that associated with travel to and from work, and that associated with work, which for children of school age is that of the school. In this connection particular attention should be given to the valuable report made by the Chief Education Officer on the primary schools which he has kindly allowed to be reproduced on pages 9 to 11. The principles so eloquently urged in that report require no further emphasis.

The School Health Service plays its established part in the school environment and during the last two years an increasingly close relationship has continued to grow between the teaching and medical professions, a relationship essential for achieving, from the child's point of view, the best that education can offer him. Into the deliberations upon schoolchildren's development is brought the effect of the home and its influences, since it is also a matter of fact that the best can be achieved only if home and school are working in close harmony.

There are those who question the continued value of the School Health Service, and debate on the subject is perennial. I suggest that a glance at the way in which this report is compiled, and the many and varied sources contributing to it, indicate that the School Health Service is no narrow entity, but a comprehensive service dealing with the innumerable aspects, physical, mental and educational, of a child's development, and further that 'The School Health Service' is the honourable title of a team of experts working together to ensure the optimum physical, mental and educational development of children.

During the year consideration was given to the problem of introducing the subject of personal relationships to the older school child, and it was decided to pioneer at Impington Village College a course of lectures on this subject. The task was shared between the Warden and Dr. A. Boyd, the School Medical Officer dealing with the school health service at the College, and their report will be found on pages 27 to 29. In other colleges different patterns are developing, but it is felt that the type of approach being worked out at Impington offers a useful way of assisting the young people to establish a code of moral values. National figures of the incidence of venereal disease and illegitimate birth rates continue to cause concern amongst those responsible for helping to mould the rising generations, and it may be that the efforts just described will in time make a contribution to the reduction of these figures.

The new scheme for the conduct of routine medical inspections in secondary schools continued with growing appreciation during the year, and towards the end of the year it was extended to some of the larger primary schools. A report is to be found on pages 12 to 14.

The importance of the ascertainment, treatment and education of the child with impaired hearing is receiving increasing recognition, and the authority's plans for the development of the service are maturing, as will be seen from the account of the service given on pages 18 to 22.

During the year the report of the East Anglian Branch of the Society of Medical Officers of Health upon the incidence of squint in five year old school children was published and is summarised on page 23.

In July the Government's long awaited report on "The Conduct of the Fluoridation Studies in the United Kingdom and the Results Achieved after Five Years" was published and in December the Ministry of Health issued Circular 28/62 on the subject, accepting the report and advocating the adjustment of fluoride levels in public piped water supplies. This Circular will be considered by the Council during 1963. The campaign aimed at improving children's oral hygiene continued and the report of the Principal Dental Officer is to found on pages 32 and 33.

In March the Royal College of Physicians, London, published their report on "Smoking and Health" and copies of the Summary, with the kind permission of the Royal College, were issued, amongst others, to Heads of all schools in the rural area. A report on what has been happening in the field of health education is to be found on pages 27 to 31.

The production of this report has been the task of many hands and it is my pleasure to thank them all, not only for their valuable and interesting contributions but also for their help and support throughout the year.

I am,

Your obedient Servant,

P. A. TYSER,

Principal School Medical Officer.

March, 1963.

CAMBRIDGESHIRE EDUCATION COMMITTEE
(Membership at January, 1963)

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The Vice-Chairman of the County Council
The Chairman of the Finance Committee

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≠ Chairman of the Education Committee
≠ Chairman of the Welfare and Canteens Sub-Committee
* Members of the Welfare and Canteens Sub-Committee

STAFF

Principal School Medical Officer and County Medical Officer

P. A. TYSER, M.D., B.S., D.P.H.

RURAL AREA

School Medical Officers

J. DRUMMOND, M.B., Ch.B., D.P.H., Deputy Principal School Medical Officer and Deputy County Medical Officer (part-time).

EILEEN M. BRERETON, M.A., M.B., Ch.B.

AMELIE BOYD, B.Sc., M.B., Ch.B. (part-time).

GWENETH M. GRESHAM, M.B., B.S. (part-time).

JESSIE A. T. HENRY, M.B., Ch.B, D.T.M. & H. (part-time) (from 10th May).

Ophthalmic Surgeon

ANNA R. WADE, M.A., M.B., Ch.B.

School Dental Officers

J. R. TOLLER, M.Sc.D., L.D.S., Principal Dental Officer (part-time).

KATHERINE W. WRAITH, L.D.S., (part-time) (from 1st March until 31st July).

ELIZABETH OLDHAM, Dental Auxiliary (from 10th September).

County Nursing Officer

SARAH MEE, S.R.N., S.C.M., H.V., Q.N., P.H. Admin. Cert.

Lay Administrative Officer

L. BLY, A.C.C.S., D.M.A.

Senior Clerk

R. F. SUMMERFIELD

CITY OF CAMBRIDGE
(Excepted District)

School Medical Officers

C. G. EASTWOOD, M.D., D.P.H., City School Medical Officer and Medical Officer of Health.

MARGARET C. K. PATTERSON, M.B., Ch.B., D.P.H., Deputy City School Medical Officer and Deputy Medical Officer of Health.

HILDEGARD P. BRODA, M.D., (Vienna). (until 31st August).

DOROTHY DAVEY, M.B., Ch.B., (part-time).

ISOBEL NICHOLLS, M.B., Ch.B., D.P.H. (part-time).

AMELIE BOYD, B.Sc., M.B., Ch.B. (part-time).

Ophthalmic Surgeon

G. F. WRIGHT, M.A., M.B., Ch.B., D.O.M.S.

School Dental Officers

J. R. TOLLER, M.Sc.D., L.D.S., Principal School Dental Officer (part-time).

MARJORIE E. C. PAGE, L.D.S.

E. BURN, L.D.S.

G. LONGHURST, L.D.S.

Speech Therapy staff for whole of Administrative County

Senior Speech Therapist

HEATHER G. HRAMTSOV, L.C.S.T.

Speech Therapists

DILYS M. DUNKIN, L.C.S.T.

ROSEMARY S. KEEN, L.C.S.T.

ELISABETH F. SNOW, L.C.S.T. (until 14th April).

JOSEPHINE WALTERS-JONES, L.C.S.T. (from 1st May).

Educational Psychologist for whole of Administrative County

DOUGLAS A. F. CONOCHIE, M.A., B.Sc., Ed.B.

Organisers of Physical Education for whole of Administrative County

UNA M. J. CONROY, London Diploma of Physical Education.

J. G. MILNE, Three Year Diploma of Physical Education, Jordan Hill College of Physical Education, Glasgow.

CHILD PSYCHIATRIC SERVICE
(United Cambridge Hospitals and East Anglian Regional Hospital Board)

Consultant Child Psychiatrists	R. E. GLENNIE, M.D., D.C.H., D.P.M.
	B. F. WHITEHEAD, M.A., M.B., D.P.M.
Senior Clinical Psychologist	MRS. J. B. BECHHOFER, M.A., Dip.Ed.
Psychiatric Social Workers	T. W. ANDERSON
	MRS. A UNVALA (part-time)
Social Worker and Psychologist	MRS. M. FARRELL (part-time)
Secretaries	MISS B. W. HAZZARD
	MISS V. LING

GENERAL

The following report on the health of the school children in the rural area during 1962 is submitted in accordance with Section 92 of the Education Act, 1944. The population of the administrative county is fairly equally divided as between rural and urban areas. The City of Cambridge is an excepted district under the Education Act, 1944. The type of service which can be provided in a scattered rural community with no centre of population over 5,000 persons must differ materially from that which can be developed in an urban area where minor ailment clinics, for example, can be easily organised. In this report details of the service in the rural area are given and commented upon. Figures for the results of the service in the City are given as an appendix (both rural and urban area figures are consolidated for forwarding to the Ministry), but comment upon the details of the City service is usually given as a part of the Annual Report of the City Medical Officer of Health.

At the end of 1962 there were 94 Primary Schools (including one nursery school), 10 Secondary Modern Schools (one with Grammar School Stream), and Soham Grammar School, in the rural area of the Local Education Authority.

In January 1963 the number of children on the registers of Primary and Secondary Schools was 11,836. There were also 399 boys on the register at Soham Grammar School who form part of the total number under consideration in the paragraphs which follow.

HYGIENIC CONDITION OF PREMISES

I am indebted to the Chief Education Officer for his permission to reproduce here his report to the Council on the Ministry of Education School Building Survey, 1962.

"Ministry of Education School Building Survey, 1962
Primary Schools in the Rural Area

In April this year the Minister of Education announced in the House of Commons that he was about to undertake a survey of schools with a view, presumably, to arrive at an estimate of the amount of work, together with the expenditure involved in bringing schools up to current standards. Forms (in triplicate) asking some two dozen questions in respect of each school were received at the beginning of last month for completion and return to the Ministry by the end of August. The information is required for buildings actually in use on 30th June, 1962. It takes no account of work in progress on that date or unstarted work in building programmes already announced. Moreover, the information is to be submitted on the basis of present school

population and Authorities have been asked specifically to ignore provision likely to be needed for increased numbers of pupils arising from increases and shifts of population. Whereas, therefore, the survey gives a useful record of the present state of school buildings, it does not reflect completely the practical needs of an area such as this where the Planning Authority is allowing for relatively substantial increases in population in certain parts of the county.

The following table gives the primary schools in the rural area in the categories named by the Ministry:-

TABLE A

	C.E. Voluntary Schools		County	Total
	Aided	Controlled		
To be closed and not replaced	6	4	9	19
To be rebuilt	2	7	15	24
To be extended and/or brought up to standard	7	8	23	38
To remain as they are without further building	3	8	3	14
Additional new schools	-	-	2	2
	18	27	52	97

Work is in progress on the rebuilding of two schools (Bassingbourn and Childerley Gate), the building of an additional school (Sawston) and on the extension of four schools (Great Abington, Stapleford, Steeple Morden and Thriplow). The Ministry of Education have approved the extension of one further school (Fulbourn) and the rebuilding of another (Histon Nursery) and work will start on these this year.

This leaves 21 schools to be rebuilt and 33 to be extended and/or brought up to standard and one additional school, apart from the considerable amount of extra building required for new population (for example: two of the schools tabled above "to remain without further building" will have to be enlarged in the near future to cater for increased numbers).

The Ministry required us to table schools according to the date of erection of the earliest main building at present used for teaching purposes. The following is a summary:-

	C.E. Voluntary Schools		County	Total
	Aided	Controlled		
Pre-1875	11	22	17	50
1875-1902	4	-	17	21
1903-1918	-	1	7	8
1919-1944	-	-	5	5
1945 to date	2	6	3	11
	17	29	49	95

From the other answers to the Ministry's questionnaire, the following is extracted for the Committee's interest. All 95 primary schools in the rural area had a piped water supply, electricity and school meals facilities but the table reveals many other serious deficiencies.

TABLE B

	C.E. Voluntary Schools		County	Total
	Aided	Controlled		
No warm water supply for pupils	10	11	21	42
No waterborne sanitation for pupils	7	11	14	32
Sanitation mainly out of doors	9	15	34	58
No central heating	11	19	26	56
No staff room	10	15	23	48
Seriously sub-standard site	7	12	19	38
No Hall (Only for the 25 schools with 100 or more on roll)	1	2	11	14
Dining in classrooms (Only for the 25 schools with 100 or more on roll)	1	2	4	7

It is very much to be hoped that the not inconsiderable amount of time expended on this survey will bear fruit in the realisation by the Minister of Education, the Government and the public generally that unless money is allocated for purposes other than "roofs over heads", as has been Government policy in recent years, half the primary schools in the rural area will still be sub-standard at the turn of the century.

G. D. EDWARDS.

12th July, 1962. Chief Education Officer."

MEDICAL INSPECTION AND TREATMENT

Staff

The staff of the School Health Service in the rural area was increased by the appointment, part-time, of Dr. J. A. T. Henry, who commenced her duties on the 10th May, 1962. This appointment brings the establishment of medical staff almost to full strength.

The following table shows the amount of medical officers' time allocated to the School Health Service in the rural area.

Establishment		Staff at 31st December, 1962		School Health Service Allocation
Principal School Medical Officer and County Medical Officer	1·0	Principal School Medical Officer and County Medical Officer	1·0	·1
Deputy Principal School Medical Officer and County Medical Officer	·5	Deputy Principal School Medical Officer and County Medical Officer	·5	·3
Two full-time Assistant Medical Officers	2·0	Dr. Brereton Dr. Boyd	1·0 ·6	·9 ·6
Part-time appointment	·6	Dr. Gresham Dr. Henry	·3 ·6	·3 ·6
	4·1		4·0	2·8

School Medical Inspection Arrangements

In the Annual Report for 1961 mention was made of the revised arrangements for school medical inspection in the rural area, which were:-

1. SECONDARY SCHOOLS

   Visits by medical officers to be made at frequent intervals throughout the term to allow school staffs to refer problems at an early stage, routine medical inspections and re-inspections also being carried out at these visits.

2. PRIMARY SCHOOLS

Visits for routine medical inspection at six-monthly intervals, with the addition of informal visits twice a term to discuss problem cases with the school staffs.

These arrangements have, with the co-operation of school staffs, worked smoothly during 1962. During the year seven of the larger primary schools were brought into the system operating at the secondary schools, and from the beginning of 1963 a total of ten primary schools, accounting for more than 30% of the primary school population in the rural area, will be included in the system.

It is clear from the results obtained in 1961 and 1962 that the revised arrangements do allow problems to be considered, and treatment obtained, at an earlier date than under the old system. In both years the number of children specially referred to the medical staff is considerably higher than previously, i.e. 1959 - 238 "specials", 1960 - 140, 1961 - 617, 1962 - 543.

During 1962 the medical officers saw 115 children specially referred to them at their visits to the secondary schools and larger primary schools, and considered that 64 were in need of treatment. These children were not due for either routine or re-inspection during the term in which they were referred.

During informal visits to the remainder of the primary schools, the medical officers considered 346 children referred by school staffs as presenting problems, and found that 94 were in need of treatment. In addition, 82 children were seen as "specials" at the routine six-monthly visits.

A total of 550 defects were noted in the 543 "specials", the main reasons for referral being Psychological 156, and Vision 138, followed by Hearing 38 and Speech 33.

The number of routine inspections has been maintained at the level of the preceding years, despite the ommission of the eleven year routine:

1959 - 4,584
1960 - 4,138
1961 - 4,688
1962 - 4,768

this has been achieved by the increase in medical staff mentioned above, which has resulted in the routine visits to the smaller primary schools

being carried out at six-monthly intervals instead of every eight or nine months as was the case prior to 1961.

5,797 re-inspections were carried out in 1962, as compared with 4,855 in the previous year.

Detailed figures relating to school medical inspections, set out in the form required by the Ministry of Education, are shown at the end of the Report.

Attendance of Parents

The following table shows the proportion of parents attending routine medical inspections:-

Year of birth	Number of children examined	Number of parents attending	% of parents attending
1958 and later	109	95	87·2
1957	978	833	85·2
1956	404	306	75·7
1955	352	254	72·2
1954	963	682	70·8
1953	172	111	64·5
1952	103	68	66·0
1951	73	42	57·5
1950	58	14	24·1
1949	760	79	10·4
1948	527	36	6·8
1947 and earlier	269	10	3·7
TOTAL	4,768	2,530	53·1

In the previous year 51·1% of parents attended routine medical inspections.

Proportion of Children requiring Treatment

The following table shows the proportion of children requiring treatment for defects other than dental disease or vermin at routine medical inspection over the last ten years:-

1953	12·1%	1958	12·4%
1954	13·7%	1959	14·7%
1955	14·6%	1960	21·5%
1956	12·4%	1961	19·9%
1957	12·4%	1962	14·9%

In previous years mention has been made of the variation from year to year in these figures and that no untoward significance attaches to this observation.

Physical Condition

A. The following table compares the proportion found to have unsatisfactory physical condition in 1962 with previous years:-

Year	Number of periodic inspections	Unsatisfactory physical condition	%
1953	4,166	7	·17
1954	4,225	9	·21
1955	4,668	8	·17
1956	4,975	32	·64
1957	5,115	24	·47
1958	5,509	20	·36
1959	4,584	57	1·25
1960	4,138	33	·80
1961	4,688	35	·75
1962	4,768	37	·78

B. Seven children were sent to open air schools for recuperative holidays, one for four weeks and the others for two weeks.

C. At the beginning of 1962, 356 children were in receipt of vitamin and mineral supplements. It was felt by the medical staff that, with the general improvement of nutritional standards in this country, there was no need for the Authority to continue the supply of these supplements. Accordingly, the issue of the preparations ceased at the end of the summer term, the position to be reviewed after one year.

D. Forty-seven of the diet sheets drawn up by the Dietitian Catering Officer of Addenbrooke's Hospital were issued during 1962.

Skin Conditions

A. Skin conditions found at periodic medical inspections during the last ten years:-

Year	Number of periodic inspections (1)	Found to require treatment (2)	For observation only (3)	Total (4)	Col. 4 as percentage of Col. 1
1953	4,166	80	90	170	4·1
1954	4,225	64	125	189	4·5
1955	4,668	77	123	200	4·3
1956	4,975	55	87	142	2·8
1957	5,115	54	108	162	3·2
1958	5,509	45	83	128	2·3
1959	4,584	59	107	166	3·6
1960	4,138	80	82	162	3·9
1961	4,688	84	107	191	4·1
1962	4,768	82	231	313	6·6

B. Fifty children are known to have received treatment for skin conditions during the year (74 in 1961).

The School Health Service referred 8 children to hospital clinics on account of skin conditions (3 in 1961).

C. Contagious diseases in school children were notified as follows:-

	1962	1961	1960
Scabies	2	1	2
Impetigo	11	16	25
Ringworm (body)	4	2	7

Nose and Throat Defects

A. Nose and throat defects found at periodic medical inspections during last ten years:-

Year	Number of periodic inspections (1)	Found to require treatment (2)	For observation only (3)	Total (4)	Col. 4 as percentage of Col. 1
1953	4,166	44	275	319	7·6
1954	4,225	35	216	251	5·9
1955	4,668	50	245	295	6·3
1956	4,975	40	258	298	6·0
1957	5,115	38	174	212	4·1
1958	5,509	35	272	307	5·6
1959	4,584	60	352	412	8·9
1960	4,138	58	240	298	7·2
1961	4,688	53	146	199	4·2
1962	4,768	39	435	474	9·9

B. The following table relates to the number of children noted at routine medical inspection during 1962 to have undergone tonsillectomy:-

BOYS				GIRLS			
Year of birth	No. Examined	No. had tonsill-ectomy	%	Year of birth	No. Examined	No. had tonsill-ectomy	%
1958 and later	56	2	3·6	1958 and later	53	-	-
1957	505	13	2·6	1957	473	10	2·1
1956	219	12	5·5	1956	185	8	4·3
1955	190	20	10·5	1955	162	20	12·3
1954	492	61	12·4	1954	471	51	10·8
1953	79	9	11·4	1953	93	12	12·9
1952	54	7	12·9	1952	49	8	16·3
1951	39	6	15·4	1951	34	3	8·8
1950	40	3	7·5	1950	18	4	22·2
1949	419	69	16·5	1949	341	45	13·2
1948	289	57	19·7	1948	238	28	11·8
1947 and earlier	176	20	11·3	1947 and earlier	93	15	16·1
TOTALS	2,558	279	10·9	TOTALS	2,210	204	9·2

The following table compares the total number of children found in 1962 to have had tonsillectomy with previous years:-

BOYS				GIRLS			
Year of examin-ation	No. Examined	No. had tonsill-ectomy	%	Year of examin-ation	No. Examined	No. had tonsill-ectomy	%
1958	2,954	401	13·6	1958	2,555	298	11·7
1959	2,472	306	12·4	1959	2,112	224	10·6
1960	2,253	303	13·5	1960	1,885	192	10·2
1961	2,502	337	13·5	1961	2,186	252	11·5
1962	2,558	279	10·9	1962	2,210	204	9·2

C. Number of children known to have received treatment during the year. Figures for 1961 in parenthesis.

Operative treatment:		
Tonsillectomy	154	(193)
Other nose and throat conditions	2	(4)
Ear conditions	1	(10)
Non-operative treatment	85	(117)

The School Health Service referred 49 children to E.N.T. clinics during the year (71 in 1961, 42 in 1960). Of this number, 31 were referred as a result of routine audiometry at school as cases of suspected hearing loss.

Hearing

The following table relates to the number of cases of defective hearing found at routine medical inspection in the last ten years:-

Year	Number of periodic inspections 1	Requiring treatment 2	For observation only 3	Total 4	Col. 4 as percentage of Col. 1
1953	4,166	8	40	48	1·2
1954	4,225	12	40	52	1·2
1955	4,668	6	39	45	·96
1956	4,975	14	53	67	1·3
1957	5,115	12	39	51	1·0
1958	5,509	12	66	78	1·4
1959	4,584	23	65	88	1·9
1960	4,138	48	60	108	2·6
1961	4,688	72	75	147	3·1
1962	4,768	74	90	164	3·6

In my Report for 1961 mention was made of proposed developments in the services for the ascertainment, treatment, training and education of the deaf. The following is a brief outline of the progress made in the rural area during 1962:-

(1) The scheme for the testing, by health visitors, of the hearing of young children considered to be at risk was brought into operation. The children to be tested are selected as a result of the scrutiny of questionnaires

completed by midwives and hospital authorities at the time of birth, the tests being carried out from the age of seven months. Of the children born in 1962, 446 were considered to be at risk while a further 636 children were added to the list for testing as the Questionnaire was either not received or was incomplete. Of this number, 395 attained the age of seven months during the year, and by the end of 1962 232 (135 "at risk", 97 others) had been tested.

One child failed to respond to the screening tests, and was referred to hospital. No abnormality was found.

In addition to the above, the health visitors carried out screening tests on 51 children between the ages of one and five years. One child failed to respond to the tests, but left the area before further investigations could be carried out.

Arrangements have been made for a further twelve health visitors to be trained in screening tests during 1963, and Sir Alexander and Lady Ewing are visiting Cambridge for this purpose at the beginning of April.

(2) Following discussions with the Ear, Nose and Throat Department of Addenbrooke's Hospital, the hospital agreed to provide a special audiology clinic. It was suggested that there should be present an Ear, Nose and Throat Consultant, a Medical Officer from the Health Department, the Chief Audiology Technician of the hospital and a Teacher of the Deaf appointed by the Education Authority.

The first session of the clinic was held on January 14th, 1963. Subsequent sessions are to be held on the afternoons of the second and fourth Monday in each month, six to eight cases being reviewed at each session.

(3) Miss M. A. Fenner was appointed as Teacher of the Deaf, and commenced her duties in January 1963. In addition to her work in the team at the Audiology Clinic, she will be peripatetic in the rural area of the County.

(4) Routine audiometric testing of seven year old children was again carried out in all primary schools in the rural area. In addition, school children of all ages specially referred on account of suspected hearing loss were examined, as were children thought to be educationally subnormal. The following tables detail the results of the tests.

(A) Routine testing of seven year olds

Year of birth	Number tested		Passed		Failed right		Failed left		Failed both	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1956	181	167	170	158	2	2	6	5	3	2
1955	333	321	315	300	5	5	9	13	4	3
1954	121	116	111	115	3	-	5	1	2	-
TOTALS	635	604	596	573	10	7	20	19	9	5

(B) Tests specially requested

Year of birth	Number tested		Passed		Failed right		Failed left		Failed both	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1958	1	-	1	-	-	-	-	-	-	-
1957	19	15	10	9	-	2	-	1	9	3
1956	45	24	22	16	5	2	6	2	12	4
1955	33	27	19	11	1	3	6	8	7	5
1954	42	21	30	12	4	3	5	4	3	2
1953	23	21	20	16	-	1	2	3	1	1
1952	23	8	18	5	2	1	2	1	1	1
1951	15	14	8	11	2	-	3	-	2	3
1950	3	3	2	2	-	-	1	1	-	-
1949	9	4	5	2	3	1	1	1	-	-
1948	10	9	6	7	-	-	2	2	2	-
1947	6	4	4	1	1	-	1	2	-	1
TOTALS	229	150	145	92	18	13	29	25	37	20

Tables (A) and (B) above demonstrate clearly the advantages of selecting groups of children where there is a greater chance that they may be suffering from impaired hearing than in a particular age group.

(C) Re-tests of children failing on first examination

Year of birth	Number tested		Passed		Failed right		Failed left		Failed both	
	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls	Boys	Girls
1957	3	3	1	2	-	-	2	-	-	1
1956	23	24	9	7	1	2	5	11	8	4
1955	34	38	14	17	3	4	10	11	7	6
1954	25	10	9	5	3	-	7	5	6	-
1953	4	4	2	-	1	1	-	1	1	2
1952	3	2	3	1	-	-	-	-	-	1
1951	3	2	1	1	-	-	2	-	-	1
1950	2	1	1	-	-	-	-	1	1	-
1949	3	3	2	2	-	-	1	1	-	-
1948	3	3	-	-	1	-	1	2	1	1
1947	2	2	-	-	2	-	-	1	-	1
TOTALS	105	92	42	35	11	7	28	33	24	17

Of the 1,239 seven year old children routinely tested, a total of 70 failed to pass the test with one or both ears, a proportion of 5·6% (7·5% in 1961). A higher proportion of the children specially referred were found to fail the first test (37·5%).

Of the children failing to pass on first examination, 197 were re-tested during the year (this total includes some cases carried forward from the previous year). 77, or 39·1%, were found on re-test to have no hearing loss. Of the remainder, 31 were referred to hospital clinics, 29 to general practitioners, 12 were known cases considered to require no immediate action and the remainder are to be re-tested after six or twelve months.

Of the cases referred to general practitioners, it is known that six were referred to hospital clinics and twelve treated by the general practitioner concerned.

Of the 31 cases referred to hospital out-patient clinics, 26 had been seen by the end of the year. Twenty-three were found to have a hearing loss, fourteen being considered to require treatment. Of these fourteen, 5 received out-patient treatment, the remaining nine being placed on the waiting list for removal of tonsils and adenoids after which their cases would be reviewed.

None of the children tested had a hearing loss of such nature that special educational treatment would be required.

(5) The leaflet on the handling of the hard of hearing child, prepared in consultation with the Audiology Clinic, Addenbrooke's Hospital (Appendix III in last year's Annual Report), was issued to a number of schools in the rural area.

(6) Units for the partially deaf

Three children from the rural area attend the partially-deaf units attached to ordinary schools in the City of Cambridge.

Consideration has been given to the possibility that there may be certain partially-deaf children living on the periphery of the county, and in whose cases the distance involved would be such that daily journeys to either of the deaf units would be impracticable. Authority has been obtained so that, if such a case arises, arrangements can be made for the child to be boarded out in a private home in Cambridge during the week. It is felt that such an arrangement may, in certain cases, be an alternative to admission to residential special schools.

Defective Vision and Squint

A. The following table shows the number of cases of defective vision (excluding squint) found at periodic medical inspection for the past ten years:-

Year	Number of periodic inspections (1)	Requiring treatment (2)	For observation only (3)	Total (4)	Col. 4 as percentage of Col. 1
1953	4,166	170	465	635	15·2
1954	4,225	186	470	656	15·8
1955	4,668	236	513	749	16·1
1956	4,975	250	565	815	16·4
1957	5,115	245	609	854	16·7
1958	5,509	293	679	972	17·6
1959	4,584	162	571	733	16·0
1960	4,138	220	321	541	13·7
1961	4,688	190	332	522	11·1
1962	4,768	172	690	862	18·1

B. * Cases of squint found at periodic medical inspections during the last ten years:-

Year	Number of periodic inspections (1)	Requiring treatment (2)	For observation only (3)	Total (4)	Col. 4 as percentage of Col. 1
1953	4,166	1	70	71	1·7
1954	4,225	7	78	85	2·0
1955	4,668	25	80	105	2·3
1956	4,975	16	86	102	2·1
1957	5,115	17	84	101	2·0
1958	5,509	15	113	128	2·3
1959	4,584	19	83	102	2·2
1960	4,138	26	35	61	1·5
1961	4,688	16	40	56	1·2
1962	4,768	49	106	155	3·2

During the year the East Anglian Branch of the Society of Medical Officers of Health published the results of their survey into the incidence of squint in five year old school children. The Counties of Cambridgeshire and Norfolk and the City of Norwich had participated. The following is the summary of the investigation:-

> "3,919 children, all school entrants aged 5 and under 6 years, were examined for the presence of a squint. Of the types of squint discovered, 57 were convergent, 9 divergent and 25 alternating; left convergent being by far the most common (40·6%). There was no sex difference in frequency.
>
> The value of the cover test for squint is discussed as a routine screening procedure during the examination of school entrants."
>
> "Public Health" - July 1962.

C. This table relates to the testing, by school nurses, of the vision of children aged nine to twelve:-

Year of birth	Number tested			Number failed		
	Boys	Girls	Total	Boys	Girls	Total
1954	21	23	44	4	4	8
1953	315	343	658	26	24	50
1952	473	446	919	26	32	58
1951	450	389	839	28	29	57
1950	342	238	580	20	23	43
1949	125	103	228	8	8	16
1948	17	7	24	1	-	1
TOTALS	1,743	1,549	3,292	113	120	233

The children who fail the tests carried out by the nurses are referred to the medical officers for examination at school medical inspection, and during the year 204 children were examined. Of this number the medical officers considered that 137 had a defect of vision. 82 have been referred to eye specialists and the remaining 55, who are not considered to require treatment at present, are being kept under observation at school medical inspection.

It should be noted that the nurses do not test children already known to have a visual defect.

D. The following tables relate to children referred by the School Health Service to Dr. A. R. Wade for the examination of eyes:-

No. of Children Examined		
Old Cases	New Cases	Total
530	283	813

Treatment Recommended						
Glasses prescribed for first time	Lenses changed	To continue present glasses	Glasses dis-continued	Orthoptic treatment	Other treatment	No treatment
164	183	272	23	25	9	151

Defects Found - New Cases Only					
Myopia	Squint	Astigmatism	Hypermetropia	Other defects	No defects
102	40	6	40	9	96

In addition to cases seen by Dr. Wade, the School Health Service referred 52 children to the eye clinics at Addenbrooke's Hospital and Newmarket General Hospital and the Ely Eye Clinic. It is known that 186 children attended the hospital departments or were seen under the general arrangements of the National Health Service, and that glasses were prescribed for 89.

Orthopaedic Defects

Thirty-three children are known to have attended hospital orthopaedic clinics during the year (66 in 1961).

The School Health Service referred 6 children to the orthopaedic clinics (7 in 1961).

Tuberculosis

A. There were no admissions of school children to hospitals for treatment during 1962.

B. Incidence of tuberculosis in children aged 5-14:-

Year of notification	Pulmonary	Non-pulmonary	Total
1953	7	3	10
1954	1	8	9
1955	1	2	3
1956	1	4	5
1957	6	1	7
1958	1	2	3
1959	4	-	4
1960	2	-	2
1961	1	-	1
1962	-	1	1

C. The scheme for the B.C.G. vaccination of school children aged 13 years and over was continued in 1962.

The following table sets out the results of the work of the B.C.G. team in the rural area:-

Number skin tested (multiple puncture test)	684
Number found positive	148
Number found negative	498
Number vaccinated	498

Of the number found to give a positive reaction to skin testing, 132 were X-rayed at the Chest Clinic before the end of the year. No abnormalities were found.

In addition to those mentioned above, 31 children received B.C.G. vaccination at the Chest Clinic under the Contacts Scheme.

Neglect

Two families were referred to the N.S.P.C.C. for the following reasons:-

(1) Refusal to accept hospital appointment for advice about hearing.

(2) Refusal to allow dental treatment.

Other Defects

In addition to the foregoing sections, the following treatments are known to have been received:-

Circumcision	7
Appendicectomy	24
Repair of hernia	8
Minor ailments	116

The School Health Service referred children to hospital clinics (excluding the Child Psychiatric Service) as follows:-

Enuresis	5
Heart condition	1
Petit mal	1

HEALTH EDUCATION

1. Personal Relationships

One of the many, and at the same time more difficult, subjects in a programme of health education relates to the teaching of personal relationships within which the narrower subject of sex education is included. For some time consideration has been given to this important task, and early in the year steps were taken to initiate a course in personal relationships which was run in the summer term at Impington Village College. From the experience gained further courses were instituted at the college during the Autumn Term. It is a pleasure to be able to include here the Warden's report on this very important work, and to record my gratitude to him and to Dr. A. Boyd for their help and enthusiasm.

"During the Spring Term of 1962 I was invited to attend a meeting with the Chairman of the Education Committee, a representative of the Board of Governors of Impington Village College, the Chief Education Officer and the Principal School Medical Officer, at which the provision of courses in personal relationships was discussed. As a result, Dr. Boyd and I were able, in the summer term, to organise a pilot course with two boys' groups and one girls' group. Each group consisted of eight children drawn from 4 alpha, the second secondary modern stream in the fourth year. In the Summer holidays, with assistance from the Education Committee, I was able to attend a course for teachers on the personal needs of young people run by the National Marriage Guidance Council at Leicester.

The courses at Impington last term were the result of the shared experience of the pilot courses in the Summer term, Dr. Boyd's valuable contacts with the Tavistock Clinic, and my own gleanings from the Leicester course.

We determined upon a course spread over three weeks, taking two periods of forty minutes on two different days a week. The groups consisted of eight boys and eight girls withdrawn simultaneously from their usual lessons. As far as possible we selected groups of friends.

We changed our minds several times as we progressed through the three courses that we ran last term. Our present intention is to run this term's courses to a pattern described in the Appendix. We shall modify the pattern when it becomes clear either from our own observations or from the comments of the young, that we could do better.

We have, for instance, increased the size of the groups to twelve boys and twelve girls because we have found this number to be the best to encourage maximum participation. The young people are co-operative and appreciative, but we have found that the ice is best broken by giving them books in which to write their questions anonymously. We then answer the questions and usually find that the answering promotes further questioning and discussion. The whole field of family relationships is explored and though the maximum interest is evinced when sex relationships are being discussed, there have been some lively and entertaining comments about family life.

Generally, our aim has been to create within the groups feelings of confidence and release so that a permissive atmosphere is engendered in which children feel free to ask questions and to express opinions. I am myself aware that though I enjoy this kind of teaching it is easier for me to relax out of my role of Warden than it is for children to relax in the Warden's presence. But usually I find that the group becomes communicative by the end of the second period. Dr. Boyd gets there quicker and the remark made in answer to her question to the girls' group: "Well, what shall we talk about today?" - "Tell us about us" sums up the feeling of confidence and release she has so expertly created.

This programme of fourth year discussions is running simultaneously with a first-year plan. This, under the general direction of Mr. Fleet, assisted by Mrs. Morgan and Miss Smith, ensures that the facts of human reproduction are presented within the biological context before, it is hoped, there is much emotional reaction. One is immediately faced with the question of what is to be done in the second and third years, and it is at once clear that to assume that personal life runs smoothly from twelve to fifteen is to ignore the obvious. How best to help remains to be discovered, but lest it be thought that the subject would be overdone by providing guidance all through school life, it is worth considering the time which would be spent, at the present fourth year rate. Any one child would receive, between the ages of twelve and fifteen, twelve hours of guidance, through the methods outlined in the Appendix. This is not, I think, an excessive expenditure of time upon which is likely to be a subject of interest and importance for the rest of life.

Finally - assessment. I think it is too early to say with assurance what has been or is being achieved. The nature

of the case has forced us to teach the early leavers - usually the least critical - first, and therefore the amount of articulate appraisal has been small. We have had to rely on our feelings about the value of the courses to the young people concerned, as derived from our observation. We conclude, without doubt, that they are worth continuing: we see the need to expand guidance into the second and third years.

The other main point is the enlistment and encouragement of parental support. In some cases parents are willing but inarticulate, in some uncertain, in some able, but in nearly all cases they are the living symbols of the authority out from under which their children wish to get, and against which all adolescents generally rebel. Parents need to be helped to withstand rebellion and to contain it, while remaining constant refuges for the baffled and bewildered. To encourage them and other adults in this vital task we are having a conference at Impington on May 11th called "You and your children", at which speakers of national repute will talk about the roles of parents and other adults.

J. BRACKENBURY."

January, 1963.

APPENDIX

Plan of Personal Relationships Course

	Girls	Boys
1.	Joint introductory session on heredity with slides, taken by Dr. Boyd - explanation of the course and issue of question books by Warden.	
2.	Discussion session with film strip "Story of a Baby" Dr. Boyd	Discussion session with film strip "Story of a Baby" Warden
3.	Discussion session - family relationships and boy and girl friendships Dr. Boyd	Discussion session - family relationships and boy and girl friendships Warden
4.	Discussion and questions Warden	Discussion and questions Dr. Boyd
5. and 6.	Re-division into mixed groups for discussion of problems among group members. Summary by Warden.	
7.	Final discussion and course appraisal by girls and Dr. Boyd.	Final discussion and course appraisal by boys and Warden.

I hope that the scheme started at Impington will spread throughout the secondary schools, and that these courses will be found to have made a vital contribution to the development and stability of our present changing society.

2. Smoking and Health

The publication of the Report on Smoking and Health by the Royal College of Physicians, London, on March 7th, 1962, made some impact on the country: significantly the Ministry of Health sent out Circular 6/62 on March 12th the aim of which was to encourage local health authorities to step up their educational programmes. A similar circular was sent to local education authorities with a personal letter to each principal school medical officer.

It is always a difficult task to alter a social custom, but in point of fact the realistic approach to the smoking problem is to make smoking, of at least cigarettes, socially unacceptable. The achievement of this by itself would be a major contribution to the public health. The acceptance by the government of the evidence of the relationship between smoking and lung cancer will undoubtedly lead to the public taking greater notice of authoritative reports on this subject. Whereas the adult population must be considered a section of the community expected to make their own decisions in the light of the facts before them, these in turn affect the coming generations who in matters of social habit tend to ape their elders. It is useless for those encouraging changes in social custom themselves to exemplify that which they desire to change. Those therefore having the care of organised groups of children should not smoke cigarettes in their presence, preferably they should not smoke at all.

The circular from the Ministry of Education indicated the Minister's desire that the great state organisation of education should take a positive lead in setting an example and assisting in persuading parents to help their children not to smoke.

Following receipt of the Royal College's Report, I wrote to the Heads of all schools in the rural area enclosing sufficient copies of the Summary of the Report for all members of the teaching staff (the Royal College having kindly granted me permission to reproduce it) and drawing their attention particularly to the following paragraph from the Ministry of Education Circular:

> "Since a good example is of paramount importance in dealing with children, the Minister hopes that teachers and non-teaching staff, as well as visitors to the schools, will not smoke any-

where in school in front of children and that every opportunity will be taken to secure the support of parents in discouraging smoking by their children."

The attention of members of the Health Department staff who visit schools has also been drawn to the paragraph.

Following discussion with the Chief Education Officer, the approval of the County Library Sub-Committee was obtained to the issue through the County Library of bookmarks relating to smoking and health. 10,000 such bookmarks, to be placed in books as they are issued, have been obtained for the Library.

In July, Ministry of Health posters were issued to all secondary schools in the rural area, and in October I wrote to the Heads of the larger primary schools asking whether they would consider it feasible to introduce the facts about the smoking habit into any discussions they might hold on current affairs with senior pupils. In my opinion there is a need to acquaint children with the dangers of smoking, and its habit forming propensities, before they go to their secondary schools, and furthermore that the matter is one that should be constantly brought into discussion: it cannot be dealt with by brief intensive campaigns.

SCHOOL DENTAL SERVICE

Report of the Principal Dental Officer

In February 1962, the Chairman of the Education Committee invited the Headteachers of all the Secondary Schools in the rural part of the County to a meeting at Shire Hall, at which the Chief Education Officer, and the Principal School Medical and Dental Officers were present, to discuss the continued sale of dentally dangerous foodstuffs in some of their schools.

The outcome was that the sale in schools of such foods ended and it is with pleasure that I now report that in no schools in the rural part of the County are such foodstuffs sold.

Mrs Wraith began duties, maximum part time, in March and left us at the end of July.

A dental clinic is in the stage of active preparation in Great Shelford. It is regarded as a temporary expedient until the Village College is built there, when the dental clinic will be transferred to a dental suite that will be included, it is anticipated, in the building.

In September, Miss Oldham, Dental Auxiliary, joined us. She works at Auckland Road Dental Clinic and her work is equally divided between children from the rural part of the County and from the City. Miss Oldham is one of the first graduates from the Dental Auxiliary School. Any misgivings that may have been felt in advance about this appointment, have, now, in the event, been allayed. Miss Oldham is regarded as a most valuable addition to our staff and, it is hoped, she will be the first of many Dental Auxiliaries we shall employ. It is expected that a second one will join us in September 1963.

I can now say with personal knowledge that the best hope for the future of the school dental service is a corps of Dental Auxiliaries with one or more dentists, highly qualified technically, to do the interesting difficulties outside the competence of Dental Auxiliaries. In my opinion children will be best served in this way. I hope that my experience is, and will be, sufficiently general for their institution to become permanent and their employment general.

When fluoridation of our water has reduced the morbidity of caries to an amount that is manageable by treatment, a body of Dental Auxiliaries will be able to keep teeth in children's mouths for them to chew with. Our prescription for dental health of food that requires chewing may then be possible for our patients to dispense. The result will be healthier

gums as well as more handsome children. It is not appreciated, except by dentists, that too few of our children can chew comfortably or at all, therefore their dietary habits must inevitably be those that cause their dental disease in the first place. At that time I foresee the function of school dentists as directive and administrative while dealing with the orthodontic, prosthetic and traumatic problems that arise.

There has been a vast improvement in the care and attention children themselves give to their mouths during the past few years and the general level of oral hygiene is very high. This is not merely a subjective impression but a clinically observed fact. The amount of general dental treatment done in the National Health Service for children, particularly adolescents, is very great. Several dentists in the National Health Service are, in effect, school dentists. For example, of the 333 pupils inspected at Melbourn Village College, 175 were found to be very well looked after in the National Health Service. At Soham Grammar School and Soham Village College it is similar. However, no such massive care is taken of infants or juniors, whose dental problems lend themselves less readily to solution by dentists paid, in effect, piece rates in the National Health Service.

In July, Mr. Burke, Consultant Orthodontist, assumed his duties at Addenbrooke's Hospital. The Authority's School Dental Service does not now carry out orthodontic treatment. Over 100 cases have been referred to Mr. Burke since July. As a result it was necessary to reduce the establishment of dental technicians from two to one.

During 1962 a total of 2,069 children were inspected (1,597 in 1961). Of this number, 1,541, or 74·5%, were found to require treatment, as against 75·6% in the previous year.

Treatment was offered to 1,374 children, or 89·2% of those children requiring it; the 1961 figure was 92·2%.

Of those offered treatment, 1077, or 78·4%, were actually treated (79·9% in 1961).

Detailed figures of the work of the School Dental Service appear at the end of the report, the rural area figures being Appendix II and the City figures Appendix IV.

J. R. TOLLER.

SPECIAL EDUCATIONAL TREATMENT

The following table relates to children attending special schools, or on the waiting list for admission to special schools.

	1. Blind 2. Partially sighted		3. Deaf 4. Partial hearing		5. Physically handicapped 6. Delicate		7. Maladjusted 8. E.S.N.		9. Epileptic 10. Speech defects		TOTALS
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	
A. Number of handicapped pupils newly assessed during 1962 as needing special educational treatment	-	-	1	-	3	3	7	6	-	-	20
B. (i) Number of children included at A who were newly placed in special schools	-	-	1	-	3	2	7	3	-	-	16
(ii) Number of children assessed prior to 1962 newly placed in special schools	-	-	-	-	1	3	2	4	-	-	10
TOTAL B(i) and B(ii)	-	-	1	-	4	5	9	7	-	-	26
C. Number of handicapped pupils who on January 20th 1963 were requiring places in special schools											
(a) day	-	-	-	-	-	-	-	11	-	-	11
(b) boarding	-	-	-	-	-	1	2	6	-	-	9
D. Number of handicapped pupils who on January 20th 1963 were on the registers of											
(1) maintained special schools											
(a) day	-	-	-	-	18	3	2	32	-	-	55
(b) boarding	-	-	4	-	-	-	1	7	-	-	12
(2) non-maintained special schools											
(a) day	-	-	-	-	-	-	-	-	-	-	-
(b) boarding	3	1	-	-	5	1	1	32	-	-	43
(3) independent schools under arrangements made by the authority	-	-	-	-	1	5	8	3	-	-	17
TOTAL D(1), (2) and (3)	3	1	4	-	24	9	12	74	-	-	127

EDUCATIONALLY SUBNORMAL PUPILS

There has been no change in the general position with regard to the availability of places at schools for the educationally subnormal. At the end of the year there were six children awaiting places at residential schools, and eleven on the waiting list for the day special school. In general, it can be said that the children awaiting residential placement will be admitted within a reasonable time, but that the children on the waiting list for the day school will have to wait considerably longer. When a vacancy for a rural area child does occur at the day school, it is given to the child whose case appears to be most urgent at that time, with the result that the less urgent cases may be on the waiting list for a matter of years. In fact some of the children on the list are now approaching an age where transfer to the special school might not be deemed reasonable.

The number of places for rural area children at the day special school has been increased by two, making a total of 32. Twelve of these places are, however, allocated on a temporary basis.

I reported last year that, as a means to improve the situation, the Education Committee had approved in principle a scheme for the setting up of special classes for backward children at primary schools in those villages where there is a village college, the existing transport arrangements for the College catchment area being used to bring in to the class children requiring this form of special educational treatment. The first of these classes was opened at Soham in January 1963, 12 children attending, and it is planned to open a class at Sawston after Easter, 1963.

The following tables summarise the results of intelligence tests carried out by the medical staff during 1962.

* Intelligence Quotients of Children Examined																										
I.Q.	BORN 1946		BORN 1947		BORN 1948		BORN 1949		BORN 1950		BORN 1951		BORN 1952		BORN 1953		BORN 1954		BORN 1955		BORN 1956		TOTALS	
	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G	B	G
145-149																	1						1	
125-129															1								1	
120-124															1								1	
110-114											1		1										2	
105-109													1						2				3	
100-104			1		1								1	2			1				1		5	2
95-99												1	2						1	2		1	3	4
90-94									1		2	1			2	1	1		2	1	1		9	3
85-89											1	1	4		3	1	1		4	1	1	1	14	4
80-84											1		1			1	3	2	1	1		2	6	6
75-79															1	2	2		2		1		6	2
70-74			1										2	3	2		1						6	3
65-69									1								1						2	
60-64													1						1	1			2	1
50-54														1										1
45-49																		1	1	1			1	2
TOTALS			2		1				2		5	3	13	6	10	5	11	3	14	7	4	4	62	28

* Tested on Revised Stanford-Binet Intelligence Scale, Terman/Merrill Form L.

Action Recommended by Medical Officer								
Special School	Special Class	Training Centre	Psychiatric Clinic	Educational Psychologist	Remedial Reading	Review later	No Action	Further year at primary school
6	10	1	4	1	3	10	54	1

CHILD PSYCHIATRIC SERVICE

A. The following cases were referred to the Child Psychiatric Clinic by the School Health Service staff.

Type of Case	Boys	Girls	Total
Behaviour disorders	12	2	14
Habit disorders	2	1	3
Nervous disorders	7	2	9
Educational failure	9	1	10

B. I am indebted to Dr. R. E. Glennie, Consultant Child Psychiatrist, for the following report and tables:-

"During the year under review the Child Psychiatric Service has continued to work to full capacity. The number of cases referred by the School Health Service has decreased in comparison with the previous year, but a greater proportion of these cases has required to be taken on for treatment. In several instances there have been joint referrals by the School Health Service and the general practitioners or Juvenile Court Magistrates.

It is noticeable that the number of children referred by the School Health Service in the city accounts for a very much smaller proportion of the whole than those referred by general practitioners and other sources, and that more children are seen at the request of the Juvenile Court Magistrates in the city than in the county.

There has been a marked increase in the length of the waiting list due to several factors; more referrals from all sources, the need to give immediate appointments to urgent cases, and the

fact that more of the children seen have been severely disturbed, necessitating prolonged and intensive treatment. Every effort is made to ensure that the length of time on the waiting list is kept to a minimum, but it will be appreciated that where a child shows signs of acute disturbance, is very young, or has to appear in Court, a priority appointment has to be given often at the expense of those whose difficulties appear equally severe. This position is unfortunate in some respects, but inevitable in the present circumstances.

It will be realised that this is not entirely because of the demands of the City and County, but must be viewed in the light of the much wider area which is covered by the Child Psychiatric Service, and which involves a total of some three hundred new cases being seen each year, in addition to those taken on for treatment.

For the first time in several years the staff have been able to work in pleasant and uncrowded conditions, thanks to the erection by the East Anglian Regional Hospital Board, of a pre-fabricated extension to the original building. The new wing, which is well-lit and colourful, has been in use since May, and is greatly appreciated by the patients and staff. It has made the day-to-day business of the clinic much more straightforward - it is now possible to keep one room for use as a "dirty playroom" and another for a records office, besides providing better facilities for group discussions.

The staff is still under strength, owing to the difficulty of securing the services of an additional psychiatric social worker. However, it is hoped that this may be made good in the next year, and also that it may be possible to augment the medical and psychological staff, now that adequate space is available. This would of course lead to an increase in the number of children seen, and a decrease in the waiting list.

We count ourselves most fortunate in the unceasing co-operation and help of Mr. Conochie, the Educational Psychologist. Over and above the many other calls on his services, he has made time to come regularly to the clinic for discussions on individual children, and by this means our liaison with schools in the city and county has been strengthened.

Mrs Bechhofer, Senior Clinical Psychologist, has continued to give specialist help to a number of disturbed children who,

although often of average or above average intelligence, have specific difficulties in the school setting. Mr. Conochie has been able to arrange for those patients who are less severely disturbed but needing help to have group remedial teaching in the schools from specially trained teachers.

The seminars for speech therapists in the catchment area have continued during the year, and their co-operation and help has been found most valuable. There have been informal visits from School Medical Officers, Probation Officers, some general practitioners, teachers, health visitors and remedial teachers, as well as staff from the University Psychology Department and interested visitors from overseas. In addition, there have been lectures and discussion groups with post-graduate students from the University Department of Education and Institute of Criminology, Addenbrooke's Hospital nursing staff, social workers, and time has been spent with probation officers and psychiatric social workers in training.

I would like to say how much we have appreciated the help extended to us by members of the School Health Service, which has in turn enabled us to provide a better, more comprehensive psychiatric service for the benefit of the children in the area and their parents. The interaction and co-operation between School Health and Education Departments, the general practitioners in the area, and the Child Psychiatric Service is clearly to the benefit of all concerned with the emotional, mental and physical health of their patients.

R. E. GLENNIE, M.D, D.C.H., D.P.M,

Consultant Child Psychiatrist

CAMBRIDGE COUNTY CHILDREN

New cases referred and examined in 1962

Chesterton Child Psychiatric Clinic				Addenbrooke's Hospital			
Source of cases	No. exam.	Notif. to SMO	Treat-ment	Source of cases	No. exam.	Notif. to SMO	Treat-ment
School Medical Officer's Dept.	29	29	19	School Medical Officer's Dept.	-	-	-
General Practitioners	17	10	12	General Practitioners	25	18	20
Consultants	5	4	3	Consultants	2	-	2
Juvenile Court Magistrates	2	1	-	Juvenile Court Magistrates	-	-	-
Others	6	4	2	Others	-	-	-
	59	48	36		27	18	22
Number of new cases taken on for treatment: 36				Number of new cases taken on for treatment: 22			

Total number of new cases examined: 86
Number of new cases taken on for treatment: 58

Cases under observation and treatment 1962

Chesterton Child Psychiatric Clinic			Addenbrooke's Hospital		
Source of cases	Number seen	Notified to S.M.O.	Source of cases	Number seen	Notified to S.M.O.
School Medical Officer's Dept.	28	28	School Medical Officer's Dept.	-	-
General Practitioners and Consultants	10	5	General Practitioners and Consultants	12	11
Others	6	5	Others	-	-
	44	38		12	11
Number of old cases under observation and treatment: 56					

Total number of cases from the County of Cambridgeshire under observation and treatment (including those seen for the first time in 1962): 114

CAMBRIDGE CITY CHILDREN

New cases referred and examined in 1962

Chesterton Child Psychiatric Clinic				Addenbrooke's Hospital			
Source of cases	No. exam.	Notif. to SMO	Treat-ment	Source of cases	No. exam.	Notif. to SMO	Treat-ment
School Medical Officer	15	15	9	School Medical Officer	1	1	1
M. and C. W. Dept.	2	1	1	M. and C. W. Dept.	–	–	–
General Practitioners	35	18	26	General Practitioners	13	3	11
Consultants	4	2	3	Consultants	5	2	2
Juvenile Court Magistrates	10	–	4	Juvenile Court Magistrates	–	–	–
Others	8	5	7	Others	1	1	1
	74	41	50		20	7	15
Number of new cases taken on for treatment: 50				Number of new cases taken on for treatment: 15			

Total number of new cases examined: 94
Number of new cases taken on for treatment: 65

Cases under observation and treatment 1962

Chesterton Child Psychiatric Clinic			Addenbrooke's Hospital		
Source of cases	Number seen	Notified to SMO	Source of cases	Number seen	Notified to SMO
School Medical Officer	8	8	School Medical Officer	–	–
General Practitioners and Consultants	27	20	General Practitioners and Consultants	16	13
Others	14	4	Others	1	1
	49	32		17	14
Number of old cases under observation and treatment: 66					

Total number of cases from the City of Cambridge under observation and treatment (including those seen for the first time in 1962): 131

HOSTEL FOR THE MALADJUSTED

Following discussions with the Chief Education Officer and his staff, the Consultant Child Psychiatrist, and colleagues in the Ministries of Health and Education, I submitted a report to the Health Committee on the need for a hostel for maladjusted children and adolescents which was accepted in principle and included in the ten year development plan of health and welfare services; the suggested year for its provision being 1963-64.

Provision of the hostel has been considered in terms of the following principles:-

(a) the fabric, residential and domestic staff of the hostel to be provided by the Health Committee,

(b) the teaching and school health requirements by the Education Committee,

(c) treatment to be undertaken by the Regional Hospital Board through the Child Psychiatric Service.

Such a Hostel is required to facilitate the treatment of disturbed children and adolescents. At present it is extremely difficult to obtain satisfactory placement in schools for maladjusted children which ensures that they not only receive education, but more important that they have adequate psychiatric treatment and support and remain sufficiently close to their families for adequate contact to be maintained.

EDUCATIONAL PSYCHOLOGIST

The Educational Psychologist has submitted the following report on his work for the period 21st August, 1961 to 31st August, 1962.

> "During the school year 1960-61 when no Psychologist was available, direct use had been made of the Child Psychiatric Service to deal with the most urgent cases. As a result of this, a back-log of only some 40 cases existed, most of these having been referred by the Medical Departments of the County and City. Throughout the year a steady stream of cases has been referred to the Educational Psychologist.
>
> Table I shows the sources of referrals, Table II the reasons for referral.

TABLE I

Source of Referral	County	City	Total
Chief Education Officer	15	7	22
Head Teachers	59	23	82
School Medical Officer	68	40	108
Parents	2	4	6
Others: e.g. Child Psychiatric Clinic, Remedial Reading Teacher	4	-	4
Total	148	74	222

TABLE II

Reason for Referral	County	City	Total
Referred because of Educational problems	83	22	105
Referred because of behaviour problems	43	12	55
Referred for Educational advice	11	7	18
Referred for Assessment of Intelligence	11	33	44
Total	148	74	222

It is not easy to classify some cases as there may often be a multiple difficulty, e.g. a child may have such severe emotional problems that his education has suffered. In such cases, classification has been made under the primary cause. One interesting point from these tables is the number of children being referred by the School Medical Officers from the County and City. Referrals from the County have included children with educational, emotional and behavioural problems while those from the City were mainly cases referred for assessment of intelligence with special educational treatment in mind.

Tables III and IV show the Age and Intelligence Ranges of the children referred.

TABLE III

Age Range

Age	-5	5	6	7	8	9	10	11	12	13	14	14+	Total
County	1	1	3	15	25	30	26	13	16	8	9	1	148
City	-	4	2	4	6	18	12	14	8	2	2	2	74
Totals	1	5	5	19	31	48	38	27	24	10	11	3	222

TABLE IV

I.Q. Range

	-70	70-79	80-89	90-99	100-109	110-119	120-129	130+	Not req. invest.	Total
County	9	11	34	31	30	14	9	1	9	148
City	21	16	9	7	7	8	2	-	4	74
Total	30	27	43	38	37	22	11	1	13	222

It will be seen from Table III that the children have been drawn from all age ranges attending school, but at least half of the children are 8-10 years old. It is in this range that most of the educational problems arise while the emotional and behavioural problems are spread over the entire range.

The cases were dealt with as follows:-

TABLE V

	County	City	Total
Advice to Heads and parents	48	17	65
To be reviewed within a specified time	9	9	18
To be seen by Remedial Teacher	24	5	29
Recommended for residential treatment	6	4	10
Recommended for special educational treatment	5	15	20
Recommended change of school	1	1	2
Further investigation by specialist required	2	1	3
No further action considered advisable or possible	31	12	43
Recommended for psychiatric investigation	22	10	32
Totals	148	74	222

The biggest single group is that where advice has been given to Heads and parents. It is inevitable that this will be the main function of the Educational Psychologist whereby minor difficulties can be dealt with immediately either in school or in the home while the more serious cases requiring psychiatric investigation with the possibility of active treatment are referred to the Child Psychiatric Service.

It would be appropriate at this stage to acknowledge the opportunities offered for close co-operation with Dr. R. E. Glennie, the Consultant Child Psychiatrist, and with the staff of the Child Psychiatric Service. A conference is held weekly with the Educational Psychologist when cases which have been referred are discussed. This liaison with the Child Psychiatric Service has been of great value both to the schools and the Educational Psychologist. It is hoped that it will continue and develop along present lines though it is envisaged that as more children are referred though the Educational Psychologist more time will have to be spent on this valuable work.

Table V also shows that there are a number of children for whom no action was thought to be appropriate. In some cases it was considered that the child should be allowed to settle down before proceeding with further investigation; in a few cases no help of a psychiatric nature could be contemplated because of parental opposition; and in others it was found that the schools were able to provide the extra support or remedial help that was required. In these cases which were to be reviewed at a specified time the children were making some headway in school but it was felt that they should be watched. For example, in the case of a non-reader, who, when initially referred, was starting to make progress although still backward, a check was made to ensure that progress was maintained.

One problem constantly brought to the notice of the Educational Psychologist is that of the severely retarded child. In an urban area this can be overcome by providing a special school within easy reach of the child's home. In the City of Cambridge, The Lady Adrian School caters for these children who require Special Educational Treatment. In the rural area, the problem of travelling long distances arises if children are to be collected and taught in one school. It is therefore very encouraging to record that provision is being made for two special classes, one at Soham and the other at Sawston, to be opened in the session 1962-63. These classes will cater for the educationally sub-normal child in his own area and will avoid long journeys or in some cases residential treatment, two of the objections raised by parents when their consent is requested. These classes will be under the general guidance of the Educational Psychologist who, with the co-operation of the Heads of Schools and the School Medical Officers, will select the children. Similar classes already exist in some of

the Village Colleges and it is hoped that a close link will be forged between these senior classes and the proposed junior classes to ensure the best possible treatment for the educationally sub-normal child.

Remedial Reading Groups in Junior Schools

After one term without a full-time peripatetic remedial teacher Mr. D. Moyle was appointed in January, 1962. A new start was made and 71 children were referred from nine schools. From these, 45 children (one of whom left the district in February) were chosen as being priority cases and they have had regular remedial help twice weekly. During the Easter Term 6 more children were accepted and the number of groups increased to 10. This total of 50 children have been taught in groups as follows:-

1 group of 2 children
2 groups of 3 children
3 groups of 5 children
2 groups of 6 children
1 group of 7 children
1 group of 8 children

The six children who joined the groups after their inauguration are not included in the following analysis of progress, owing to the disparity in the length of time remedial help has been given. All these children improved at a speed above the normal rate and 5 of the 6 will again receive remedial reading help next term, the other one child will no doubt receive extra help at the Village College.

Age of children when remedial help started

At this stage no particular age was selected and the 44 children fall into the following age-groups:-

7 to 8 years	-	4 children
8 to 9 years	-	12 children
9 to 10 years	-	12 children
10 to 11 years	-	13 children
11 to 12 years	-	3 children

Progress measured by improvement in Reading Age

Five children did not respond sufficiently to achieve 6 months improvement in their reading ages, which would be

accepted as the normal rate of progress for the period to which this report refers. The remaining 39 children all made good progress, 11 improving at twice the normal rate, 1 at three times the normal rate and 1 child at five times the normal rate. Average improvement in reading age during the six months for all 44 children was 11 months.

There has been no indication from these groups that any one age range responded more fully to remedial help than any other. The following are the average improvements of the children in the various age groups:-

7 to 8 years	-	16 months
8 to 9 years	-	11 months
9 to 10 years	-	10·5 months
10 to 11 years	-	9·8 months
11 to 12 years	-	13·6 months

As can be seen, however, by reference to the numbers of children in each of these age groups, the 7 to 8 and 11 to 12 years age groups are so small in number that the great improvement of one child swells the average out of all proportion. However, it is felt that the 2nd year in the Junior School is the best time to provide remedial help.

Attendance of the children has on the whole been good. An average of 44 teaching periods was given in each school and the children made an average attendance of 39 being 91% of the available time. Some few children have attended poorly and, naturally, their improvement has been less.

Miss Helen Ross was employed as a part-time peripatetic remedial teacher and visited two schools twice weekly from November 1961 to July 1962. Eleven children had remedial help in these two groups. Progress has been as follows:-

Improvement in months	Number of children
0 months	1 child
3 months	2 children
4 months	1 child
7 months	2 children
10 months	1 child
12 months	1 child
13 months	1 child
20 months	1 child
25 months	1 child

Average progress over 8 months has been 9·2 months.

It must be noted, however, that whilst 6 of these children were able to benefit fully 5 were of low ability and could not be expected to improve at the rate of the average child.

From the 61 children taken during the Summer Term 25 will receive further help in September. The remaining 36 children will be discharged; 20 have made sufficient progress to return to normal class work, 14 will be transferred to secondary modern schools (having made fairly good progress) and 2 have not the ability to benefit further from remedial help.

Looking forward to the new school year 125 children have been referred for remedial help. 90 of these have already been given diagnostic tests by the remedial teacher and 64 children in 25 schools have been found to be in need of help. These children, along with those retained from existing groups, make a provisional total of 89 children to receive help next term. No doubt this number will grow when the new academic year commences.

With the appointment of Mr. S. Wrench as a second peripatetic remedial teacher, it is hoped that all these children will receive some help.

Miss M. Young has been appointed as a peripatetic remedial teacher in the City and groups will be started in those schools where the greatest need appears to exist.

Apart from the specialised work, the Educational Psychologist has derived great interest and satisfaction from the participation in Teachers Courses, lectures to parents and as a member of discussion groups at Parent Teacher Association meetings. Attendance at Conferences organised by the British Psychological Society and the National Association for Mental Health has also helped the Psychologist to keep in touch with present day trends in psychological thought.

Throughout the year, the Educational Psychologist has had the support of the Chief Education Officer and his colleagues in all aspects of his work. This has been greatly appreciated particularly where problems have arisen because of unfamiliarity with administrative procedure. This first year has been most enjoyable and, it is to be hoped, the precursor of many more years of fruitful work of Cambridgeshire.

DOUGLAS A. F. CONOCHIE"

SPEECH THERAPY

The Senior Speech Therapist has submitted the following report:-

"Throughout the whole of this year the establishment of four speech therapists has been filled: Mrs. Snow left on 14th April and Mrs. Walters Jones joined the staff on 1st May.

The number of new cases requiring treatment which were referred to the Speech Therapy Service during 1962 increased by approximately 53% on last year's total. In spite of this the waiting list at the end of the year had decreased only slightly. Of the new referrals the numbers of cleft palate cases, partially deaf children and "others" remained roughly the same as last year, cases of voice disorder dropped from six to none, while cases of sigmatism and of articulation and language disorders, each rose by approximately 60%. The number of stammers referred rose by 105%, but it should be noted that an unusually small proportion of cases of stammering was referred during 1961. We have been pleased to notice an increase in the referral of pre-school children.

We have continued to give treatment both at Clinics and in the schools in order to reach as many children as possible. In most cases individual treatment is preferable, and for some it is essential. In some cases children are taken in small groups of two or three. In addition to seeing the children regularly, discussions have been held with parents and with teachers in order to advise regarding practice and the best ways of helping the children through their difficulties.

During the year regular meetings of the Speech Therapists with Dr. Glennie and the staff of the Psychiatric Clinic were instituted. To these meetings the Educational Psychologist has also been invited, together with his and our colleagues from the other areas served by the clinic. These meetings have proved most valuable and are much appreciated by us all.

Mrs. Dunkin and Miss Keen attended a Refresher Course held in Keswick from the 3rd to the 6th October, 1962. Earlier in the year we visited the Ashley Downes School, Lowestoft. The Speech Clinics in Cambridge have been visited by several people interested in the work of this service.

H. HRAMTSOV".

The following tables relate to the work of the speech therapists during 1962.

A. Cases

	RURAL AREA		CITY		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls
(i) Number not examined at end of 1961	11	9	3	1	14	10
(ii) Number referred for speech therapy in 1962	105	54	78	30	183	84
(iii) Number of children found to require treatment	106	50	74	30	180	80
(iv) Total number treated	211	97	155	70	366	167
(v) Number discharged	63	34	53	19	116	53
(vi) Number under treatment at end of 1962	148	63	102	51	250	114
(vii) Number on waiting list at end of 1962	63	31	23	8	86	39
(viii) Number not examined at end of 1962	6	7	6	1	12	8

B. Speech defects of children examined (Section A(iii) above)

	RURAL AREA		CITY		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls
(i) Cleft Palate	1	-	2	-	3	-
(ii) Sigmatism	21	14	9	11	30	25
(iii) Partial deafness	1	1	1	3	2	4
(iv) Other defects of articulation and language	64	28	43	12	107	40
(v) Stammer	15	3	16	3	31	6
(vi) Voice disorders	-	-	-	-	-	-
(vii) Other defects	4	4	3	1	7	5
TOTALS	106	50	74	30	180	80

C. Cases closed during 1962 (Section A(v) above

1. After Treatment

	RURAL AREA		CITY		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls
(a) Speech normal	28	14	13	10	41	24
(b) Speech improved						
(i) Speech satisfactory	12	6	11	3	23	9
(ii) Left school or district	14	9	17	4	31	13
(iii) Unsuitable for further treatment	3	-	2	-	5	-
(iv) Parents refuse further treatment	-	-	1	-	1	-
(v) Referred elsewhere	2	3	5	2	7	5
(vi) Deceased	-	-	1	-	1	-
(c) No improvement						
(i) Left school or district	4	2	3	-	7	2
TOTALS	63	34	53	19	116	53

2. Removed from Waiting List

	RURAL AREA		CITY		TOTAL	
	Boys	Girls	Boys	Girls	Boys	Girls
(i) Left school or district	11	4	5	2	16	6
(ii) Spontaneous recovery after advice	15	10	15	3	30	13
(iii) Treatment refused	1	-	-	-	1	-
TOTALS	27	14	20	5	47	19

SCHOOL NURSING SERVICE

A. The County Nursing Officer has the following observations to make:-

"1962 has been one of consolidation and steady progress.

The pattern of weekly or fortnightly visiting which was introduced into certain schools two years ago has been further extended and is working well. More time seems to be afforded

for individual as well as group health education. In some areas more contact has been made with parent groups, always an interested body of people.

It has been noted that following talks to parent groups, and films in schools and welfare centres, on the subject of the care of the feet and of the effect that shoes can have on foot formation and abnormalities, there is a trend away from the exaggerated styles toward shoes allowing free and natural growth.

At no time previously has interest in appearance, clothes, hygiene, future home making and parentcraft been so evidenced as today by 13 to 16 year old girls. Their experiments, questions and opinions form a constant challenge to those of us who are older and perhaps tending to become set in our ways.

The nurses find it disappointing that the interest and determination of this group of children to make the best of themselves is not reflected in all cases by parents with regard to their responsibilities for the dental health of pre- and school age children. Conditions in this respect reflect those of the country generally, and show little improvement in these age groups despite continuous health education. The effect on teeth of the consumption of chocolate and other sweets between meals is well known, but less publicity has been given to the possible effects of a diet containing a high proportion of soft food requiring little chewing.

S. MEE".

B. The following figures relate to the work of nurses in connection with the School Health Service:-

(i) Visits to Schools

(a) Sessions of medical inspection attended	668
(b) Number of children prepared for medical inspection	10,019
(c) For hygiene inspections	281
(d) Other purposes	290

(ii) Visits to Homes of Scholars

(a) Follow-up to secure treatment	3,179
(b) Special enquiries into infectious or contagious disease	25
(c) Other purposes	168

C. Verminous Inspections

SCHOOL GROUPS	No. of children examined			No. of INDIVIDUAL children found to be infested			No. of visits to Schools by School Nurses
	by School Nurses	by School Medical Officers	Total	At School Nurse Exam.	At S.M.O. Exam.	Total	
Village Colleges and Secondary Modern Schools	2,526	1,627	4,153	2	-	2	7
Primary and Full Range Schools	22,127	3,141	25,268	18	-	18	274
TOTALS	24,653	4,768	29,421	20	-	20	281

Forty-two cases of head infestation were reported in 1961, and 21 in 1960. The figure of 20 in 1962 is, in fact, the lowest recorded in any Annual Report for the rural area.

As has been pointed out in previous Reports, the nurses examinations are not now regarded as merely verminous inspections, but are concerned with the general personal hygiene and health of the child. It is considered however that in the case of the secondary schools the frequent visits of the doctor and nurse have removed the need for separate visits for individual hygiene instruction, and since the end of the spring term, 1962, these visits have not been made.

INFECTIOUS DISEASES

Notifiable diseases for the past six years, children aged 5-14.

	1957	1958	1959	1960	1961	1962
Diphtheria	-	-	-	-	-	-
Dysentery	6	43	18	55	3	10
Encephalitis, Acute	1	-	-	-	-	-
Erysipelas	-	-	1	-	-	1

	1957	1958	1959	1960	1961	1962
Food Poisoning	8	10	2	2	5	4
Measles	462	374	1,715	104	781	369
Meningococcal Infection	1	-	-	-	-	-
Paratyphoid	1	-	-	-	-	-
Pneumonia	6	3	2	2	3	4
Poliomyelitis, Paralytic	4	-	-	-	-	-
Non-Paralytic	-	-	-	-	-	-
Scarlet Fever	30	87	139	75	31	37
Tuberculosis, Pulmonary	6	1	4	2	1	-
Non-Pulmonary	1	2	-	-	-	1
Whooping Cough	210	13	80	53	108	5

Non-notifiable infectious diseases reported by Head Teachers, last six years.

	1957	1958	1959	1960	1961	1962
German Measles	18	44	32	5	49	302
Mumps	295	342	237	180	365	31
Chickenpox	190	150	602	154	128	452

VACCINATION AND IMMUNISATION

A. Immunisation against diphtheria, whooping cough and tetanus

The following table shows the number of children born between 1947 and 1957 in the rural area immunised during 1962 against diphtheria, pertussis and tetanus.

Diphtheria only		Pertussis only		Tetanus only	
Primary	Booster	Primary	Booster	Primary	Booster
7	79	-	-	114	180

Diphtheria and Tetanus		Diphtheria and Pertussis		Triple Antigen	
Primary	Booster	Primary	Booster	Primary	Booster
2	112	-	15	43	313

B. Vaccination against Poliomyelitis

The figures relating to vaccination against poliomyelitis have been kept in the form required for Ministry of Health returns, and it is not possible to give the number of school children vaccinated. It is known however that 312 persons born between 1943 and 1960 received the second injection of Salk vaccine, and that a further 137 received three doses of Oral vaccine.

The re-inforcing doses are shown in the Ministry returns as a total figure, not broken down into age groups, and the following sets out the position for 1962:-

Received third injection	2,797
Received fourth injection	493
Received re-inforcing dose of oral vaccine following two injections	2,025
Received re-inforcing dose of oral vaccine following three injections	773

PROVISION OF MILK AND MEALS, 1962

The arrangements for the supply of milk in schools have continued as before, and in September 1962 there were 9,843 children receiving it, or 83·71% of the total in attendance. Of those in attendance at the Nursery School, 100% received it; at Primary Schools, 94·11%, and at Secondary Schools, 65·47%.

The following are the figures relating to the designation of the milk supplied to the schools:-

Tuberculin Tested	5
Pasteurised	100
Tuberculin Tested Pasteurised	2
	107

Cooked mid-day meals were available for all schools, and a total of 7,732 children, or 67·54%, received them. At the Nursery School 85·71% took meals; at Primary Schools, 61·29%, and at Secondary Schools, 79·15%.

The number of children receiving free meals on a scale of means approved by the Education Committee was 289.

PHYSICAL EDUCATION

I am indebted to the Chief Education Officer for permission to include in this report that of his Organisers of Physical Education for the year ended 31st December, 1962.

"Previous reports have been submitted under many sub-headings and have included nominal lists of school successes in the various sporting competitions. In this, our last joint report, we have aimed to be more concise and to be less clinical in our presentation of facts. We wish to record our observations and suggestions in a more digestible form, without detracting from the value of our report. We feel that progress is not to be judged by success or failure in competitions but rather by the existence of a wide range of activities in the Physical Education syllabus and by its likely effect on the mental as well as the physical health of the young people who are our concern.

The School Health Service confirms the tremendous fall in numbers of children with unsatisfactory physique but is much less enthusiastic about the state of the ensuing adult health in relation to stress diseases. We believe that any emphasis on physical development must also be considered in terms of activity and normal emotional experience, with the result that worthwhile and healthy pursuits will be continued after school and into adult life. All physical activities, particularly those in the gymnasium, and the many recreational pursuits, must allow some freedom of choice and expression in a friendly but disciplined atmosphere if we are to educate children in personal development and enable them later to contribute something to the community. Keeping fit is still an essential purpose in any lesson but the days of "drill" and "physical jerks" are over. Physical Education is no longer just one more subject on the time-table but, in its many forms, aims to stimulate a positive attitude to living.

This is all part of a revolution in education which has been described as "the change from 'pot filling' to the 'fire kindling' system" and which has already been tried and proved in other subjects over a number of years. It is not surprising that it should penetrate the hitherto water-tight compartment of Physical Education. The approach demands great effort from the teacher in preparation and observation. Both training college lecturers and organisers, to whom young teachers look for guidance, must play a large part to ensure success, particularly in the secondary school. With this in mind we propose to comment upon the various aspects of our work during the past year.

Infant and Junior

Because of their enquiring minds it is easy to get an immediate response from infant and junior children and this should surely be sufficient reward for a thoughtful and conscientious teacher. The outstanding development in infant work is that physical education is no longer isolated from other subjects and informal methods of teaching are now, at long last, a characteristic of movement lessons. Various tasks or patterns of work are set and performed by the children according to their own individual progress. It was a particular pleasure to work with the children from Soham County Infants' School in preparation for an area teachers' course. Their eagerness to learn and their alertness were evident throughout. During this course, excellent photographs of the school activities were on show but it was noted that only the enlightened teachers were in any way interested in these photographs or in physical education as part of the general education of the child. Although infant work has developed, it is still generally too dull. All children of this age love to move; it is fun for them and more teachers must try to preserve this excitement while at the same time giving valuable training.

Not all teachers in primary schools, however, are able to maintain this early response due to the limitations of their age and their out-of-date teacher-training. They require as much help and guidance as possible. Through their attendance at area teachers' courses and by our efforts to maintain an adequate supply of apparatus, much is done to effect a compromise and only those who do not hear are those who do not wish to learn. A number of schools without indoor accommodation do suffer in winter. Lessons are often snatched between showers, but a more generous share of the time-table is given to physical education and games in the summer when the English weather has been known to improve.

Two years ago it was decided to hold a Primary School Dance Festival in May. It was felt that the Spring Term, when outdoor physical education in some schools is so limited, was a very suitable time to emphasise rhythmic movement training and for both teachers and children to learn new dances which could be performed in the company of others at a communal festival. This idea has grown and developed and last year festivals were held at Bourn, Longstanton, Melbourn and Duxford. Approximately two hundred children, teachers and friends took part in each festival. Not only are more schools participating

but the programmes are becoming more varied and more in tune with modern educational development. Originally, set dances from England and overseas were taught and danced together to the accompaniment of a small group of musicians. Later, schools chose their own dances, sometimes in costume and with their own musical accompaniment. Last year a further experiment was tried when some schools were invited to make up original dances to a chosen old English tune. This creative work was very popular and further developments of this kind are planned for 1963.

Secondary (Girls)

The Ministry of Education Building Bulletin makes several suggestions to ensure that there are adequate facilities for Physical Education in Secondary Schools. Until recently the basic requirements implied that little else was required in the physical education programme other than formal gymnastics and conventional games. But within the last five years there has been much new thinking, the whole subject has become wider, embracing a variety of new activities, outdoor pursuits and a more creative and adventurous type of indoor lesson. Consequently, exciting new buildings have been designed, which are more useful in this new and wider curriculum. Cambridgeshire is well to the fore with the Sports Hall at Sawston Village College.

The quality of the teachers who are appointed to use these new buildings is the key factor to the standard of work which can be expected. Physical education teachers are expected to teach adequately, all games, dance, gymnastics, creative movement, outdoor pursuits and are often asked to help with further education classes. They teach girls throughout the school from the time they enter until they leave and are partly responsible for equipment and for the supervision of a varied programme of out-of-school matches.

After careful observation over the last few years, I feel that in many cases our teachers' training has not equipped them for these difficult but interesting posts. It may be that few are mature enough on leaving college to take a responsible post at one of our Village Colleges. When teachers were not in short supply, these posts would have been offered to experienced candidates but now, when we are lucky to have one reasonable applicant, it is not surprising that some aspects of the work are not always up to the desired standard, or that

difficulty is experienced in interesting or controlling certain groups of children. Looking back over the years, the standard of games and the coaching of specific skills (apart from Athletics which is improving, but is still on the weak side) is very satisfactory. This year, particularly, all the tournaments have been well organised. Hockey in the county is much improved and tennis, because of better facilities and constant courses is developing well. The weak side of the work is, in almost all schools, the gymnastic or movement lesson. It is unfortunate that specialist teachers have so little opportunity before starting teaching of seeing work in infant and junior schools. To see for themselves the method of teaching, the children's handling of equipment and the variety of work attempted and carried out successfully, would be helpful to the teacher and should encourage a less limited type of work.

Movement training is not easy to teach. It needs very careful preparation and organisation, and must be presented in a vital and interesting way. The groups of children whose work was of the lowest level were in almost every instance the first and fourth years. The first years were, in some cases, being given more elementary and less exciting work than they had had in their primary schools and the older girls tended to be bored and sometimes out of hand as material was presented in such a way that did not appeal to them. These two particular age groups of girls formed the focal point for a five week teachers' course held in the Autumn Term. It is hoped that, as a result, more vital work will take place during 1963, particularly at Sawston and our newer Village Colleges where facilities are ideal for experimental work.

All Village Colleges have felt a need to offer some type of physical work for women in their Further Education programmes. The success of these ventures has depended largely on the type of teacher or leader available. Women and girls of various abilities (and of all shapes and sizes!!) apply for these classes and expect to be interested, exercised but not exhausted by the sessions. The teacher needs to be apt at handling these mixed ability groups and to have a thorough knowledge of what type of work will be effective and interesting. Unfortunately, there are very few successful leaders in this area at the moment. The specialist physical education teachers, who have sufficient knowledge, often lack the ability to understand this type of group and the Keep Fit leaders usually have insufficient knowledge to take really beneficial work. Eleven classes have

continued during the year and it is interesting to note that physiotherapists have taken two of them. This type of specialist may be the ideal person to encourage to take these classes.

Another successful Day Course for teachers, leaders and members was held in March at Netherhall School. Approximately 165 people attended, and another Course for leaders and accompanists will be held this year.

Secondary (Boys)

If the work in primary schools is sometimes limited by lack of indoor accommodation or sufficient recreation space, we can take comfort from the facilities offered at all our Village Colleges where little is denied children of either sex and a whole broad pattern of physical education can be unfolded in modern buildings and on spacious playing fields.

Unfortunately children leave much of their innocence and simplicity behind at the primary stage and education becomes more complicated as shyness and some fear accompany the first experiences of growing up. Nevertheless it is here that the physical education specialists have a wonderful opportunity to capture the interest of young people and channel it into some of the many activities offered in the gymnasium, on the playing fields and beyond the school walls. It is at this stage that we must try to equip youths by educating them physically. By nature they grow in body and mind in different ways and at varying speeds. They should not be subjected to the same routine.

Inter-house and inter-school competitions follow the coaching of major team games and they hold an important place in the school curriculum but more and more emphasis is rightly being placed on club activities and individual pursuits. Most of our secondary schools operate the Duke of Edinburgh Award Scheme: over 60 Certificates were gained in 1962, including eight Gold Awards. Twice this number are working for certificates in the current year. With boys building as well as sailing their canoes and dinghies, camping, trekking, visiting recreational centres and going on holidays abroad, every effort is being made to interest them in some activity which may be continued in adult life involving personal choice and achievement rather than encouraging the feeling of

incompetence which is often felt in playing major team games.

In Cambridgeshire, we are fortunate in the quality of our men specialist teachers. During the past three years we have had few changes of staff and the eagerness to work as a team is shown by their whole-hearted support in the organisations of the Secondary Schools' Sports Association and by their regular attendance at our teachers' courses.

Most of the men are engaged in the teaching programme of the Further Education scheme and are responsible for coaching some physical activity on at least one evening per week. In order to capture the interests of youths the subjects include, Judo, Table Tennis, Swimming and Duke of Edinburgh Award training, as well as the usual Keep Fit and games classes.

Secondary Games (Boys and Girls)

Although team games have only a limited appeal beyond school age, no one doubts the excitement with which they are played by children and the contribution this enthusiasm makes in the new secondary schools, as it has done in grammar and public schools for many years. The "Cambridgeshire Secondary Schools' Sports Association" which is now in its second year, ensures that these games are competently administered at inter-school, county and national level. The speed with which this Association has established itself is largely due to the work of its Policy Committee of Heads and the Organisation Committee comprised of games teachers. A comprehensive calendar of fixtures is produced which runs smoothly and efficiently throughout the year. Trophies are awarded for each of the following:- Association football, Hockey, Netball, Cross Country, Cricket, Rounders and Athletics. This year, the Francis Trophy, which is awarded to the school with the best overall record, was again won by Linton Village College. Special mention should be made of the Gamlingay/Cottenham combined team for fulfilling all fixtures against much stronger opposition. Kneesworth Hall is now represented on all committees and takes part in a number of boys' activities. Football, Cross Country, and Athletics are organised at county and national level and the Association is greatly indebted to the Authority for their annual grant to help meet the expenses of the following county fixtures.

Some 30 boys represented the county in Football during the season and 18 county badges were awarded after 10 matches. The senior team again competed in the English Schools' Trophy but were beaten by the Isle of Ely boys in an exciting match.

The county cross-country teams (under 15 and under17) took part in 12 representative races, altogether 80 boys were selected during the season and must be congratulated on winning all but one of the arranged matches.

Hockey and Netball county matches were played against Huntingdonshire and Suffolk.

The three-cornered athletics meeting of County, City and Isle of Ely was held at Sawston Village College. Competitors from The Leys and Perse Schools were entered for the first time and helped to strengthen the Cambridgeshire team selected for the English County Championship. Twenty boys and girls travelled to Kingston for the two days' meeting and did well without distinguishing themselves amongst top class athletes.

The Sports Association are now considering including Tennis, Rugby and Swimming within the framework of the Francis Trophy and with the increased numbers in Fifth Forms it may also be desirable to arrange separate competitions for older pupils staying on at school.

New Building

Returning to the reference made earlier to the excellent facilities available at Secondary Schools, the new wing at Bottisham Village College, comprising gymnasium, changing-rooms, and showers, is now in use, and the playing fields are being extended. A similar wing has been added to Soham Boys' Grammar School and a new Village College will be opened at Cottenham this year. Approval has already been given to the extensions at Impington and Linton Village Colleges, and our next report will refer to the interesting combination of games sheds and smaller gymnasia which we propose to erect there for indoor work.

Some progress is being made in providing cinder surfaces for athletic events on all our secondary playing fields. These items, normally very expensive, are being constructed by local contractors at reasonable rates. We are still without

a cinder running track in the county, but it is hoped, despite other financial priorities, that plans for the next large secondary school might include this facility for all to share.

Swimming

It is a pleasure to write enthusiastically about developments during the year in primary schools. It has been exciting to see the beginning of a scheme to provide learners' pools at various centres in the county and the materialisation of a hope, long awaited, that most of our children will, in time, have the opportunity to swim before leaving the primary school.

Last year we reported that the Authority had decided to purchase one portable pool and, for a number of reasons, it was decided to erect this at Histon County Primary School. The pool was delivered in parts in June and was erected by the Head, teachers, caretaker and county staff with the children helping with some of the work and always an enthusiastic audience. A full swimming programme was started on June 25th and continued for the remaining five weeks of term, providing two morning periods of 40 minutes which catered for all junior children, voluntary sessions for two top infant classes in the afternoons, and one afternoon was allocated to Cottenham School. Water purification was checked daily by the staff, and weekly by the Ministry of Health. During this short period 40 children learned to swim. The staff, school, and parents must have felt these efforts worthwhile as, scarcely before the swimming session had finished they had raised £200 which they offered as part payment in order to keep the pool permanently at Histon.

It was felt that some record of this first venture would be valuable, and a coloured film was therefore made showing the stages of erection and a swimming lesson in progress in the completed pool. This film was shown to members of the Primary Education Sub-Committee in October and is now in regular demand by interested schools and Parent/Teacher Associations. As a result, two more pools (of different sizes) for experiment will be purchased for the swimming session 1963, and it is hoped that further eight schools will receive a grant from the Committee if the financial estimates as forwarded are approved. It is most heartening to report that two small two-teacher schools have already raised over £250 each towards their own pools.

Swimming has continued in all the concrete pools constructed by Parent/Teacher Associations, and a successful programme of swimming for youths and adults takes place at Stapleford in out of school hours. The Heads of Girton and Stapleford are interested in some type of heating for outdoor pools in order to lengthen the swimming session and, while we are hoping to experiment at some time on these lines, there is still considerable doubt in the country about the most practical and economic method of doing this. We would like to see some established facts and figures before offering advice on this subject.

So far this report had dealt only with developments in primary schools but, apart from Swavesey Village College who have already built a learners' pool, there have been no new developments at the secondary stage. Village Colleges are continuing to use public baths for limited periods. Projects for pools have been considered at Bottisham, Impington and Linton, but these will take time and considerable financial backing if they are to materialise.

UNA CONROY

J. G. MILNE"

THE COLLEGE OF ARTS AND TECHNOLOGY

Medical examination of certain entrants to the College of Arts and Technology was, as usual, carried out at the Shire Hall during the summer holidays. The children examined were the entrants to the preliminary full-time courses and the students attending the National Nursery Nursing Certificate Course, and represents a very small proportion of the total entry to all courses.

	Boys	Girls	Total
Number of pupils examined	72	95	167
Defects discovered:			
Defective vision -			
For observation	20	25	45
For treatment	3	2	5
Nose and Throat defects -			
For observation	2	1	3
For treatment	-	2	2

	Boys	Girls	Total
Hearing	5	1	6
Orthopaedic	9	10	19
Circulatory	1	2	3
Skin	1	3	4
Other conditions	6	14	20

No cases of unsatisfactory physical condition were noted.

MEDICAL EXAMINATION OF TEACHERS AND ENTRANTS TO TEACHERS TRAINING COLLEGES

The following figures relate to the medical examination of teaching staff by the School Medical Officers in 1962:-

(i) Entrants to teachers training colleges	40
(ii) Appointed to the Council's staff	82
	122

DEATHS OF CHILDREN OF SCHOOL AGE

Boys

Age	Causes of Death
5	Acute heart failure following operation for a congenital heart defect.
11	Malignant cerebellar tumour.

Girls

Age	Causes of Death
6	Progressive muscular atrophy. Myocardial degeneration.
8	Hydromphalos.
9	Uraemia. Renal tubular necrosis.
15	Uraemia. Chronic pyelonephritis.

APPENDIX I

RURAL AREA

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January 1963, as in Form 7, 7M. and 11 Schools 12,235

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A. - PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils Inspected	PHYSICAL CONDITION OF PUPILS INSPECTED				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Total Individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	109	108	99·08	1	·92	-	16	16
1957	978	974	99·59	4	·41	29	158	150
1956	404	400	99·01	4	·99	19	74	77
1955	352	348	98·86	4	1·14	10	52	53
1954	963	956	99·27	7	·73	36	146	162
1953	172	168	97·67	4	2·33	5	27	27
1952	103	102	99·03	1	·97	8	19	23
1951	73	71	97·26	2	2·74	10	18	23
1950	58	58	100	-	-	3	6	8
1949	760	756	99·47	4	·53	20	73	83
1948	527	521	98·86	6	1·14	21	50	64
1947 and earlier	269	269	100	-	-	11	21	26
TOTAL	4,768	4,731	99·22	37	·78	172	660	712

TABLE B.-OTHER INSPECTIONS

NOTES:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	1,138
Number of Re-inspections	5,797
Total	6,935

TABLE C.-INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons 29,421

(b) Total number of individual pupils found to be infested 20

(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944) Nil

(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944) Nil

TABLE D.-SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested? Yes.

   (b) If so, how soon after entry is this done? At routine medical inspection: usually during first term at school.

2. If the vision of entrants is not tested, at what age is the first vision test carried out? -

3. How frequently is vision testing repeated throughout a child's school life?

   (a) at 8 year routine examination;

   (b) annually between ages of 9 and 12;

   (c) at 13 year routine examination.

4. (a) Is colour vision testing undertaken? No.

   (b) If so, at what age? -

   (c) Are both boys and girls tested? -

5. By whom is vision testing carried out?

   3(a) and (c) by School Medical Officers. 3(b) by School Nurses.

6. (a) Is audiometric testing of entrants carried out? No.

   (b) If so, how soon after entry is this done? -

7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out? Seven years.

8. By whom is audiometric testing carried out? School Nurse trained to use audiometer.

PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A.-PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS			
			ENTRANTS	LEAVERS	OTHERS	TOTAL
4	Skin	T	25	27	30	82
		O	95	45	91	231
5	Eyes - a. Vision	T	50	55	67	172
		O	281	197	212	690
	b. Squint	T	30	2	17	49
		O	40	7	54	101
	c. Other	T	8	4	13	25
		O	24	13	30	67
6	Ears - a. Hearing	T	20	16	38	74
		O	33	12	45	90
	b. Otitis Media	T	12	2	-	14
		O	35	7	32	74
	c. Other	T	-	2	3	5
		O	6	1	8	15
7	Nose and Throat	T	15	8	16	39
		O	217	41	177	435
8	Speech	T	28	5	16	49
		O	64	16	55	135
9	Lymphatic Glands	T	6	1	3	10
		O	86	6	53	145
10	Heart	T	-	3	-	3
		O	25	17	25	67
11	Lungs	T	7	4	8	19
		O	48	26	47	121
12	Developmental - a. Hernia	T	5	3	2	10
		O	10	2	10	22
	b. Other	T	9	2	3	14
		O	76	11	56	143
13	Orthopaedic - a. Posture	T	6	10	10	26
		O	24	33	52	109
	b. Feet	T	51	12	37	100
		O	86	42	100	228
	c. Other	T	19	9	22	50
		O	56	25	39	120
14	Nervous System - a. Epilepsy	T	1	-	1	2
		O	4	3	6	13
	b. Other	T	4	2	2	8
		O	19	7	25	51
15	Psychological - a. Development	T	1	-	5	6
		O	33	25	67	125
	b. Stability	T	11	4	12	27
		O	147	49	111	307
16	Abdomen	T	-	2	2	4
		O	16	8	12	36
17	Other	T	12	17	15	44
		O	48	64	89	201

TABLE B.-SPECIAL INSPECTIONS

Defect Code No.	Defect or Disease	SPECIAL INSPECTIONS	
		Pupils requiring Treatment	Pupils requiring Observation
(1)	(2)	(3)	(4)
4	Skin	10	10
5	Eyes-a. Vision	62	76
	b. Squint	2	8
	c. Other	1	6
6	Ears-a. Hearing	22	16
	b. Otitis Media	2	2
	c. Other	1	1
7	Nose and Throat	4	17
8	Speech	17	16
9	Lymphatic Glands	-	4
10	Heart	2	5
11	Lungs	2	10
12	Developmental-a. Hernia	-	-
	b. Other	1	8
13	Orthopaedic-a. Posture	1	1
	b. Feet	8	9
	c. Other	5	15
14	Nervous System-a. Epilepsy	-	7
	b. Other	-	1
15	Psychological-a. Development	11	63
	b. Stability	11	71
16	Abdomen	4	2
17	Other	18	30

PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.-EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	9
Errors of refraction (including squint)	990
Total	999
Number of pupils for whom spectacles were prescribed	708

TABLE B.-DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment	
(a) for diseases of the ear	1
(b) for adenoids and chronic tonsillitis	154
(c) for other nose and throat conditions	2
Received other forms of treatment	85
Total	242
Total number of pupils in schools who are known to have been provided with hearing aids-	
(a) in 1962	3
(b) in previous years	13

TABLE C.-ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	33
(b) Pupils treated at school for postural defects	-
Total	33

TABLE D.-DISEASES OF THE SKIN
(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
Ringworm - (b) Body	4
Scabies	2
Impetigo	11
Other skin diseases	50
Total	67

TABLE E.-CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	114

TABLE F.-SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	308

TABLE G.-OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	116
(b) Pupils who received convalescent treatment under School Health Service arrangements	7
(c) Pupils who received B.C.G. vaccination	529
Total	652

APPENDIX II

RURAL AREA

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1962

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January 1963, as in Forms 7, 7M and 11 Schools			12,235
(a) Dental and Orthodontic work.			
I. Number of pupils inspected by the Authority's Dental Officers:-			
i At Periodic Inspections	1,167		
ii As Specials	902	Total I	2,069
II. Number found to require treatment			1,541
III. Number offered treatment			1,374
IV. Number actually treated			1,077
(b) Dental work (other than orthodontics). (NOTE: Figures relating to orthodontics should not be included in Section (b).)			
I. Number of attendances made by pupils for treatment, excluding those recorded at (c) I below			1,399
II. Half days devoted to:-			
i Periodic (School) Inspection	11		
ii Treatment	265	Total II	276
III. Fillings:			
i Permanent Teeth	853		
ii Temporary Teeth	72	Total III	925
IV. Number of Teeth Filled:			
i Permanent Teeth	793		
ii Temporary Teeth	70	Total IV	863
V. Extractions:			
i Permanent Teeth	169		
ii Temporary Teeth	394	Total V	563
VI. Administration of general anaesthetics for extraction			111
VII. Number of pupils supplied with artificial teeth			22
VIII. Other operations:			
i Permanent Teeth	331		
ii Temporary Teeth	116	Total VIII	447

(c) Orthodontics:

i.	Number of attendances made by pupils for orthodontic treatment	141
ii	Half days devoted to orthodontic treatment	50
iii	Cases commenced during the year	5
iv	Cases brought forward from the previous year	61
v	Cases completed during the year	6
vi	Cases discontinued during the year	60
vii	Number of pupils treated by means of appliances	10
viii	Number of removable appliances fitted	20
ix	Number of fixed appliances fitted	-

APPENDIX III

CITY OF CAMBRIDGE

Number of pupils on registers of maintained primary and secondary schools (including nursery and special schools) in January 1963, as in Form 7, 7M and 11 Schools 13,131

PART I - MEDICAL INSPECTION OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.-PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of Pupils Inspected	PHYSICAL CONDITION OF PUPILS INSPECTED				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defective vision (excluding squint)	For any other condition recorded at Part II	Individual pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 and later	176	172	97·7	4	2·27	1	17	15
1957	545	533	97·8	12	2·2	1	24	22
1956	542	536	98·9	6	1·1	3	27	27
1955	18	18	100·0	-	-	1	4	3
1954	846	835	98·7	11	1·3	29	40	46
1953	481	475	98·8	6	1·2	16	16	23
1952	27	27	100·0	-	-	1	2	1
1951	114	112	98·2	2	1·8	9	7	15
1950	885	877	99·1	8	0·9	45	82	115
1949	359	354	98·6	5	1·4	14	24	31
1948	1,147	1,139	99·3	8	0·8	55	87	127
1947 and earlier	64	64	100·0	-	-	-	1	1
TOTAL	5,204	5,142	98·8	62	1·2	175	331	426

TABLE B.-OTHER INSPECTIONS

Notes:- A special inspection is one that is carried out at the special request of a parent, doctor, nurse, teacher or other person.

A re-inspection is an inspection arising out of one of the periodic medical inspections or out of a special inspection.

Number of Special Inspections	325
Number of Re-inspections	884
Total	1,209

TABLE C.-INFESTATION WITH VERMIN

(a) Total number of individual examinations of pupils in schools by school nurses or other authorised persons	27,006
(b) Total number of individual pupils found to be infested	22
(c) Number of individual pupils in respect of whom cleansing notices were issued (Section 54(2), Education Act, 1944)	-
(d) Number of individual pupils in respect of whom cleansing orders were issued (Section 54(3), Education Act, 1944)	5

TABLE D.-SCREENING TESTS OF VISION AND HEARING

1. (a) Is the vision of entrants tested? Yes.
   (b) If so, how soon after entry is this done? During first year
2. If the vision of entrants is not tested, at what age is the first vision test carried out? -
3. How frequently is vision testing repeated throughout a child's school life? Four times or on request.
4. (a) Is colour vision testing undertaken? No.
   (b) If so, at what age? -
   (c) Are both boy and girls tested? -
5. By whom is vision testing carried out? School Nurse.
6. (a) Is audiometric testing of entrants carried out? No.
   (b) If so, how soon after entry is this done? -
7. If the hearing of entrants is not tested, at what age is the first audiometric test carried out? -
8. By whom is audiometric testing carried out? -

PART II - DEFECTS FOUND BY MEDICAL INSPECTION DURING THE YEAR

TABLE A. - PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)		PERIODIC INSPECTIONS			
			ENTRANTS	LEAVERS	OTHERS	TOTAL
4	Skin	T	13	16	2	31
		O	57	48	20	125
5	Eyes - a. Vision	T	5	55	115	175
		O	79	45	59	183
	b. Squint	T	12	4	3	19
		O	23	5	6	34
	c. Other	T	18	1	-	19
		O	19	12	9	40
6	Ears - a. Hearing	T	11	1	3	15
		O	27	4	14	45
	b. Otitis Media	T	3	-	-	3
		O	24	2	12	38
	c. Other	T	1	2	-	3
		O	4	1	1	6
7	Nose and Throat	T	17	2	5	24
		O	134	30	70	234
8	Speech	T	17	4	8	29
		O	48	7	11	66
9	Lymphatic Glands	T	1	-	-	1
		O	31	4	13	48
10	Heart	T	4	1	-	5
		O	35	6	10	51
11	Lungs	T	9	-	3	12
		O	44	18	31	93
12	Developmental a. Hernia	T	-	-	..	-
		O	7	-	5	12
	b. Other	T	2	-	-	2
		O	21	1	11	33
13	Orthopaedic - a. Posture	T	23	34	20	77
		O	16	12	12	40
	b. Feet	T	14	4	16	34
		O	40	8	28	76
	c. Other	T	8	3	-	11
		O	62	36	16	114
14	Nervous System - a. Epilepsy	T	-	-	-	-
		O	2	2	3	7
	b. Other	T	1	-	-	1
		O	4	5	5	14
15	Psychological - a. Development	T	6	-	3	9
		O	18	12	13	43
	b. Stability	T	4	2	-	6
		O	91	30	48	169
16	Abdomen	T	-	-	-	-
		O	11	3	11	25
17	Other	T	18	7	5	30
		O	68	32	95	195

TABLE B.-SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	SPECIAL INSPECTIONS	
		Pupils requiring Treatment (3)	Pupils requiring Observation (4)
4	Skin	2	24
5	Eyes-a. Vision	33	22
	b. Squint	-	12
	c. Other	-	3
6	Ears-a. Hearing	1	11
	b. Otitis Media	-	-
	c. Other	-	-
7	Nose and Throat	5	49
8	Speech	11	25
9	Lymphatic Glands	-	8
10	Heart	-	6
11	Lungs	2	20
12	Developmental-a. Hernia	-	2
	b. Other	-	4
13	Orthopaedic-a. Posture	6	15
	b. Feet	8	11
	c. Other	-	14
14	Nervous System-a. Epilepsy	-	1
	b. Other	-	3
15	Psychological-a. Development	2	8
	b. Stability	1	39
16	Abdomen	-	2
17	Other	1	19

PART III - TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A.-EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint	18
Errors of refraction (including squint)	484
Total	502
Number of pupils for whom spectacles were prescribed	379

TABLE B.-DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment:-	
(a) for diseases of the ear	22
(b) for adenoids and chronic tonsillitis	194
(c) for other nose and throat conditions	17
Received other forms of treatment	-
Total	233
Total number of pupils in schools who are known to have been provided with hearing aids:-	
(a) in 1962	7
(b) in previous years	16

TABLE C.-ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments	89
(b) Pupils treated at school for postural defects	274
Total	363

TABLE D.-DISEASES OF THE SKIN

(excluding uncleanliness, for which see Table C of Part I)

	Number of cases known to have been treated
Ringworm - (a) Scalp	-
Ringworm - (b) Body	-
Scabies	-
Impetigo	1
Other skin diseases	15
Total	16

TABLE E.-CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance clinics	131

TABLE F.-SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists	176

TABLE G.-OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments	377
(b) Pupils who received convalescent treatment under School Health Service arrangements	-
(c) Pupils who received B.C.G. vaccination	1,028
Total (a)-(c)	1,405

APPENDIX IV

CITY OF CAMBRIDGE

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY THE AUTHORITY DURING THE YEAR ENDED 31st DECEMBER, 1962

Number of pupils on the registers of maintained primary and secondary schools (including nursery and special schools) in January, 1963, as in Forms 7, 7M and 11 Schools 13,131

(a) Dental and Orthodontic work.

I.	Number of pupils inspected by the Authority's Dental Officers:-			
	i At Periodic Inspections	9,092	Total I	11,827
	ii As Specials	2,735		
II.	Number found to require treatment			8,007
III.	Number offered treatment			6,341
IV.	Number actually treated			5,169

(b) Dental work (other than orthodontics). (NOTE: Figures relating to orthodontics should not be included in Section (b).)

I.	Number of attendances made by pupils for treatment, excluding those recorded at (c) I below.			6,766
II.	Half days devoted to:-			
	i Periodic (School) Inspection	66	Total II	1,818
	ii Treatment	1,752		
III.	Fillings:-			
	i Permanent Teeth	4,704	Total III	5,278
	ii Temporary Teeth	574		
IV.	Number of Teeth Filled:-			
	i Permanent Teeth	4,262	Total IV	4,816
	ii Temporary Teeth	554		
V.	Extractions:-			
	i Permanent Teeth	790	Total V	3,757
	ii Temporary Teeth	2,967		
VI.	Administration of general anaesthetics for extraction			1,003
VII.	Number of pupils supplied with artificial teeth			31
	i Permanent Teeth	658	Total VII	1,344
	ii Temporary Teeth	686		

(c) Orthodontics

i	Number of attendances made by pupils for orthodontic treatment	579
ii	Half days devoted to orthodontic treatment	200
iii	Cases commenced during the year	23
iv	Cases brought forward from the previous year	52
v	Cases completed during the year	43
vi	Cases discontinued during the year	23
vii	Number of pupils treated by means of appliances	32
viii	Number of removable appliances fitted	98
ix	Number of fixed appliances fitted	2